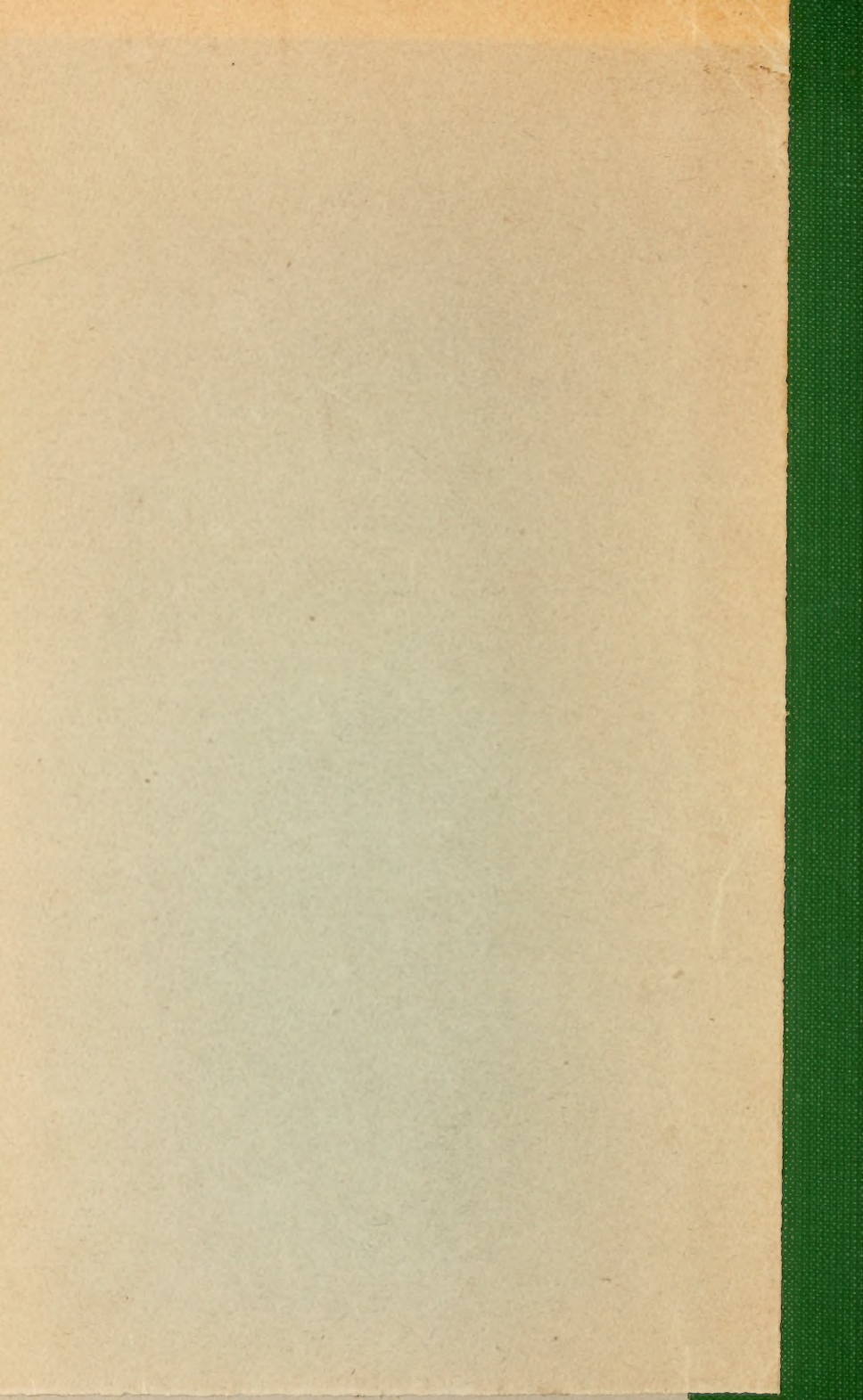




The Journal of Sociologic Medicine

Continuing the Bulletin of the
American Academy of Medicine

AUGUST, 1917

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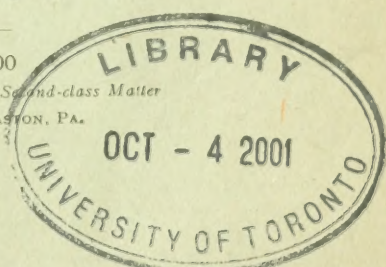
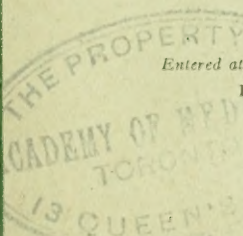
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THE AMERICAN ACADEMY OF MEDICINE is not responsible for the sentiments expressed in any paper or article publishd in the JOURNAL. While the Editorial Management prefers to follow the suggestions of the Simplified Spelling Board, as it is empowered by vote of Council to do, the wishes of the authors in connection with the orthograpy of individual papers are respected.

HOW THE ACADEMY CAN SERVE ITS COUNTRY.

It is to be assumed that every Fellow of the Academy by this time understands the gravity of the war in which we are engaged. It is not the intention of this article to go into the causes of the war, the principles at stake, nor the momentous results to the civilized world; but our country is now involved practically in a *fight for its life*. We may not all realize this, for no great calamity has yet overtaken us, but any day we may see our land plunged into excitement which will far overshadow the horror which followed the Titanic disaster or the earthquake and fire in San Francisco.

And now the question is, what can the American Academy of Medicine do?

As individuals we can and are doing much; unusual responsibilities have been thrown upon us all. Probably if a canvas were made of all of the Fellows of the Academy, the majority would be found activ in their country's service in one way or another, at least those whose age permits.

But as an organization, how can the Academy help?

In many ways. Last spring the President of the Academy, Dr. George A. Hare, was askt to appoint a committee to gather

information on this very subject and to report what resources from the Academy the Government could count upon at this time. This committee, consisting of Dr. Ray Lyman Wilbur, Dr. Victor C. Vaughan, and the Secretary, is now at work and will be glad to have any suggestions which any of the Fellows can make.

As will be seen by the minutes of the New York meeting, a motion was past there advocating national prohibition, and the writer feels that every organization which comes out squarely for this is doing a national service.

All the uninvested part of our permanent fund was put in Liberty Bonds; this is not a large amount, but shows our financial willingness. The Treasurer has suggested that our Fellows should avail themselves of the provision of our Charter for commuting the dues for life by paying a lump sum of \$50. This can be invested in Government Bonds and thus these life memberships will be helpful in two or three ways.

As authorized at the New York meeting, with this number of the Journal begins a new department devoted to "War Problems." There are many questions which are coming up in the course of the war which are sociologic more than military or medical; as such they are of special interest to the Academy and we should do our part toward discussing and helping to solve them. Thus our organization, thru its Journal, can be of service to the country.

THIS spring the Editor had something to do with the examination of applicants for the Officers' Reserve Corps and the proportion of fine-looking young men found unfit was surprising. The details of similar examinations and the reports can be found in medical journals and, read rightly, should make us reflect how far from a physically fine nation we Americans are, and how timely is the resolution favoring universal physical training past at the New York meeting (see minutes of that meeting, page 279 of this issue). The facts about physical unfitness are appalling in view of our seemingly numerous agencies for the bene-

fit of the rising generations. We sometimes think that we are well supplied with dispensaries, free hospitals, active health departments, dental clinics, playgrounds, open-air schools, etc., but this war preparation shows a condition which will be a shock to all interested in the nation's health. We think it would be fair to say that only one man physically fit is found in every four who are now examined for the army. Unsuspected defective vision is found in about 35 per cent. of the applicants; fallen arches stand second as a cause for rejection; defective teeth are found in more than a fourth of those who wish to enlist, and faulty carriage in many. The last two conditions are easily remedied if found and taken in time. Serious as this all may be, it may bring results which may be part of the silver lining of this huge and depressing cloud which now darkens the light of our civilization.

The forty-second annual meeting of the American Academy of Medicine was held, as arranged for, June 4 and 5, 1917, in the Hotel Biltmore, New York, and those who attended the sessions were well repaid by the interesting program and discussions.

The registration was larger than in Detroit, but the attendance at most of the sessions was smaller, the war preparations keeping some away and the many attractions of New York that week interfering with the meeting.

The place of meeting was comfortable and quiet. Among the Fellows registered, and taking part in the discussions, was Dr. E. H. M. Sell, of New York, one of the founders of the Academy.

CENTRALIZATION IN THE PRACTICE OF MEDICINE— CAUSES AND EFFECTS.¹

By J. E. TUCKERMAN, A.B. M.D., Cleveland.

Centralization is the outstanding development characterizing the activities of the present generation. Centralization in the practice of medicine has come about not through accident but is incident to the trend of the period.

We are quite well aware that the agencies dealing with quarantine and general sanitation have undergone a marked centralization, but that a similar change has and is extending to fields hitherto called private practice, few seem to have fully realized. The number of physicians whose time is wholly or in part occupied in the so-called socialized fields of medicine is variously estimated at some ten to forty per cent. To what extent this centralization is destined to proceed may in some measure be judged by considering the nature of the factors which have brought about the present situation.

With the rapid advance in medical science, the development of well-established specialties, and the change from a purely curative art to a science in large measure of prevention; with the development of modern industries and the evident economy and desirability for standardization and fixed responsibility in the care of employees in case of accident; and with the growth of urban populations making necessary the application of quarantine and sanitary measures to large groups, centralization in the practice of medicine began.

It may profit to consider, for the moment, how relatively recent legal recognition of the profession of medicine, as now constituted, is. Although there were physicians in the Colonies there was no legislative recognition or regulation of the practice of medicine nor any attempt made to exclude the incompetent from practice. In fact, the first medical school was established at the University of Pennsylvania in 1765, while present medical practice acts in the majority of states date back hardly more

¹ President's Address delivered before the 42nd Annual Meeting of the American Academy of Medicine, New York City, June 4, 1917.

than twenty-five years. Less than a hundred years ago the number of communities that could support more than one physician were very few. Most small communities had no physician. The young man desiring to take up the practice of medicine associated himself with some practising physician and, after a varying period of apprenticeship, and later a course of lectures of two terms at some medical school, sought out a location and began practice on his own responsibility. Nor was this condition of things wholly bad. The community, as a rule, knew both preceptor and student and was much better able to form a correct opinion of their worth as physicians than are we in the cities of to-day to appraise the worth of the man whose sign is exhibited in our neighborhood. For them there was no urgent problem of educational requirements and regulation of licensure.

The rapid advance in medical knowledge has made necessary increased educational requirements for the student of medicine, has produced the modern medical school with its extensive equipment, and together with the growth of large communities made necessary medical licensure, and has brought with it all the problems as yet unsolved of medical registration, and the ever-bothersome question of how to deal with the multitude of cults conceived of the desire of gain and born overnight.

In this connection it is quite interesting to note that while the problem of the cult has been the constant bane of the profession in the states, the problem has not seriously concerned the Federal Government. Neither the Army, Navy or Marine Hospital and Public Health Service cares to enlist any but the best educated physicians. Although the problem of licensure is distinctly a matter of state jurisdiction, yet it seems unfortunate that there has been no consistent publicity upon the part of the Federal Government to educate the public to the importance of adequate education for those who seek to care for the sick.

Not a little of the habit of communities to underpay health officers, district physicians, and like officials originates from the time when each community had but one physician who treated alike both those with means and those without. Such communities, through the payment by individuals, usually paid the physi-

cian all that that community could afford for medical service. The physician actually collected for his charity to the poor, but he didn't keep books or present bills for this service. This early custom has caused the belief to become fixed in the minds of the public that doctors should in the very nature of things treat the poor without pay, and since care of the poor was one of the first health problems of the early health boards, the pernicious habit on the part of communities, even large and wealthy cities, and states, of asking charity from physicians for their poor has persisted. This habit of mind is hard to eradicate but efficient health service is impossible until the public mind is changed in this respect.

Governmental health agencies, whether national, state or local, have reached their present development not by design, but through force of circumstances. You are all familiar with the wonderful development of the Marine Hospital Service until it has become the Marine Hospital and Public Health Service of the United States. Originally established to care for the sick and disabled seamen,¹ its activities have been extended to guard the health of the nation from within and from without. The activities of this department, far-reaching as they have been in reducing the incident of disease and preventing the spread of epidemics, have done as much as any other one factor to demonstrate the advantage of collective activity in the application of medical facts to the problem of maintaining health, and have done much to make sanitation a recognized professional field.

At first concerned only with the enforcement of quarantine against communicable diseases, a simple exercise of police power, state boards of health have expanded not only into agencies of general sanitation regulating building, sewerage, industrial hygiene, etc., but also into institutions for the education of the public in health matters, publishing of health journals, conducting bureaus for the study of diseases, operating laboratories for diagnosis, and in certain instances distributing curative sera. These latter activities are not clearly an exercise of police power, but a development in the direction of state medicine.

Diagnostic laboratories have been found necessary if the

isolated country physician is to have proper aids in diagnosis and free curative sera, such as antitoxin for diphtheria, must be provided if the indigent are to have prompt treatment, thus lessening the possibility of the spread of disease. The fact that many counties, even in states having fairly well developed state health boards, are insufficiently supervised in matters of general sanitation, has brought about a general movement for full-paid full time health officers in every county, or in specially created health districts.² The activities of state health boards have shown that a need for this service exists. The full time health officer is the obvious solution, a further step in the centralization of medical practice.

The course of events has been similar in city health boards. Yesterday a city health department was chiefly an agency for directing quarantine, employing district physicians, and operating, perhaps, a hospital more upon the lines of an almshouse than a hospital. To-day the modern city health department touches intimately every field of medical practice through district physicians, visiting nurses, babies' dispensaries, tuberculosis dispensaries, venereal clinics, inspection of school children, distribution of curative sera, laboratories for examination of sputum, determination of diphtheria, Wassermann, Widal, analyses of food and water supplies, and many other activities. New York City not only manufactures curative sera but extends the services of trained inspectors to administer these sera to its poor.

The operation of city health boards has caused a marked reduction in the incidence of communicable diseases. At the same time they have increased the facilities at the disposal of every private physician, both for diagnosis and for treatment, and have enabled him to care for many of the poorer patients that otherwise would have become a complete charge upon the community.

The manner in which laboratories for the diagnosis of disease have been established, indicates the purely accidental growth of these departments. The need for early diagnosis of diphtheria as a complement to the proper quarantine and prevention of its spread, and the fact that many physicians did not possess the facilities and training for so doing, forced city health depart-

ments to establish such laboratories, a feature developed within the last twenty years. In a like fortuitous manner the organization of private agencies to educate the public against spreading tuberculosis, has in many cases been the cause for the establishment of distinct city bureaus on tuberculosis. The further extension of the activities of health departments to free distribution of curative sera is clearly outside of the exercise of police power in the enforcement of quarantine, and has come about through the economic dependency of the individuals whom it is designed to reach, and, while a necessary health measure, is an admission of the unjust economic status which underlies our social fabric. If such distribution were instituted primarily as a health measure, the sera would be free alike to rich and poor.

With the rapid advance in medical science has come the division of practice into definite specialties which have arisen for the most part within the last fifty years, and have had their most marked development in the last twenty-five. At one time many were inclined to think that the division of practice into the many specialties which now obtain was destined to be short-lived. It was thought that special procedures, when once developed, would be used generally by physicians, patients needing such procedures being no longer referred to specialists. Such has not been the case. Although it is true that certain procedures become a part of the every-day routine of the general practitioner, the advance in established specialties has been such as to increase rather than diminish the number of physicians limiting their work to some special field. The old specialties of ophthalmology, otology, laryngology, pediatrics, obstetrics, and gynecology, and the general division of practice into medical and surgical fields, have become more firmly established both in the custom of physicians and in the mind of the public. It is no longer necessary to refer a patient to a specialist, patients go of their own accord.

The development of serology and of Roentgenology have added these fields to the distinct specialties. In their direct contact with the routine of the every-day work of the physician they are far more important than pathology. No physician can long practise without access to the findings of Roentgenology, both as a means

of diagnosis and particularly in the matters of fractures as a means of protection in case of suit. No general practitioner can possibly do proper work without the aid of serology and must of necessity have access to these diagnostic measures.

No one, the physician least of all, in these days believes it possible for any one person to become proficient in all lines of diagnosis and practice. The absolute necessity of having access to the most modern diagnostic aids forces the physician into hospital or other association in order that he may do the best for his patient and maintain his own professional outlook. The field of private practice as it existed twenty-five years ago is closed. The possibility of building up a large general practice is increasingly difficult. Even the rural communities are no exception to this tendency and the establishment of small hospitals or other group associations are fast closing these fields to the individual lone practitioner.

The time when the medical graduate looked forward to entering general practice is passed. The specialist is no longer one in general practice who has through special aptitude or fortuitous circumstance come more and more to a limited field. The student of to-day looks to a specialty as the best means to a competency and goes direct to his specialty on leaving school and hospital. His success or failure is in large degree conditioned by the associations which he forms with other physicians, whether these be of the loose, voluntary kind, the result of hospital or clinic connections, or definite business arrangements such as partnership, or associations in large organizations of the type of the Mayo Clinic, a veritable department store of medicine and surgery. Specialization has not tended to decentralize but rather has been one of the most powerful incentives for centralization in medical work.

Present development of hospital organization and the demand on the part of the public for greater hospital facilities, is an index both of the changed attitude of the public toward these institutions and of the need which they fill. Hospitals were founded originally with a view to caring for the poor or those sick without homes or to bring together clinical material for instruction.

They were considered a place of last resort, the majority of people being able to get better care in their homes. The development in surgery and the demand for surgical relief, the development of adequate means of diagnosis and treatment, and nursing facilities beyond that possible in the average home, have made the hospital a part of the necessary medical equipment of every community.

Hospital development has followed accidental lines and hence there obtain various degrees of relationship between individual hospitals and the communities in which they are established. In fact, there seems to have been developed nowhere an adequate conception of just what the relationship between hospital, public and profession should be. Even where, as in Pennsylvania, the State has for years followed a policy of state subsidies to hospitals of semi-public nature, their reports³ show that up to the present no constructive policy has been followed. We have public institutions, such as city hospitals; semi-public institutions, the many so-called charity hospitals; and purely private institutions. We have hospitals connected with universities; teaching hospitals; hospitals conducting all degrees of general, private and charity work under the same roof; hospitals with clinics; and hospitals without; those with out-door departments and those with none; emergency hospitals for accident work, some governmental and some corporate—a clear evidence of accidental development.

It is but natural that those institutions in particular conducted for teaching purposes, should become recognized as places where diagnosis was more searching, treatment and nursing care better, and the relative cost of service as compared with like service outside of an institution lower. The desire to be treated by specialists, to have used the newer diagnostic aids, X-ray, blood, and serum examination, have led people when sick to go in greater increasing numbers to the hospitals and their associated clinics.

From the standpoint of the individual practitioner, the main complaints lodged against the operation of these institutions are that they are exclusive, not being open to physicians in general, that they accept in their out-clinics individuals who should pay for service and that they frequently conduct their wards

upon a less than cost basis.^{4a} There has also come about a condition which makes it possible for the well-to-do and the very poor to obtain adequate hospital care, while the individual of modern income is unable to get such care within the reach of his ability to pay.^{4b} These difficulties are questions of economics and so far as they influence a greater number of individuals to make use of hospital facilities they tend to increase the centralization of medical practice.

Personally, I am inclined to think that ultimately all hospitals must stand in their relation to the public as either private or public. There can be no justification for the confusion due to semi-public institutions which are public charities when it comes to raising building funds and deficits, and private institutions upon an analysis of the use to which their facilities are put. With a clear demarcation between public and private the abuses complained of would in large measure disappear. There could be no incentive for a private institution which must pay its own way to maintain ward or any other service at less than cost, leading the patient to think that they have paid in full, often making it possible for the surgeon to receive some pay, while the institution must ask the general public for funds to meet deficits. Nor would there be the same incentive for individuals able to pay to accept the free services of public institutions.

It seems unnecessary to say that hospitals, both public and private, are destined to increase in number and to expand their facilities, and that in the future those who desire to do efficient medical work will find themselves more and more dependent upon these institutions, whether public or private. The command of hospital facilities is essential to anyone who would do a large amount of work or who would have access to all the means of diagnosis and treatment at a cost possible to most patients. The further necessity of a place for training nurses and the added requirement of a hospital year before the graduate can qualify for medical practice is destined to still further improve the character of work required of hospitals by law, and thereby increase their power to draw the medical work of the community within their walls.

The centralization which has taken place in providing the surgical, medical and sanitary needs of modern industrial concerns is remarkable, not only for the extent to which it is already in operation, but because of the vast possibilities of the field and the influence which it is bound to have upon both public and private medical service problems.

It is not so long since the term "contract surgeon" was of limited application and designated a relatively small group composed of railway, mine and lumber camp physicians. The actual work of the railway surgeon in testing hearing, sight and general physical fitness of applicants seeking employment and doing the accident surgery incident to the division to which they were accredited, is a narrow field indeed compared with the social welfare departments now maintained by many industrial concerns. Primarily the railway surgeon was employed to protect the railway company and expected by implication at least to have the interests of the company in mind in case of disputes. This feature has been one of the main reasons, of ethical significance, for the distrust in which contract surgeons generally were held both by public and profession, a distrust which is gradually disappearing, due to an enlightened attitude on the part of employers and the enactment of workmen's compensation laws, which make the burden of human wreckage a direct charge upon the particular business or industry. While it might seem that the opportunity for the development of service along welfare lines would have been more generally developed by those in association with railways, it is to be remembered that the method of compensating railway surgeons has not been of such a nature as to make such a development likely.

The economic situation which has produced the mine and lumber camp physician is quite definite. Except a physician be assured an income he will not locate in a mining camp or in the much more uncertain and mobile lumber camp. Hence a contract, more or less binding, has resulted by which the company employing the men assures medical and surgical care in their camps. Whatever objection may exist as to this form of contract work there can be no doubt that the service is needed and there seems to be no other

way than by definite contract through which such service can be secured.

The employment of some one physician or group of physicians by industrial concerns undoubtedly has come about through the necessity to which such concerns are subject of protecting themselves against the result of poor and uncertain care in case of accident to an employee. Most concerns now require physical examination of applicants for employment. For obvious reasons a definite record of physical state at the time of employment is essential where injury and liability go hand in hand. For years a good many large corporations have had adequate systematic surgical service for their employees and more recently some have developed extensive social welfare departments, a development which has been quite independent of legislative pressure. The application of workmen's compensation laws is impressing the imperative need of systematic service upon employers generally and has given a tremendous impetus to centralization of medical practice in this field.

The adoption by thirty-four states within the past six years of workmen's compensation laws and the fact that one-third of the workers are employed in manufacturing and in mechanical industries show the considerable number of individuals to whom these provisions apply. Where formerly a very small number of the industrial concerns made definite arrangements for the care of their workers in case of accident, to-day in communities where workmen's compensation is operative it would be hard to find a concern employing an excess of twenty men which has not some definite arrangement with a physician for services. It is quite customary for a physician or group of physicians to devote their entire time to industrial medical service, having in their charge one or more concerns according to the volume of work.

While the chief reason for the enactment of workmen's compensation laws and the support of these measures by labor unions and to some extent by employers was undoubtedly the provision for compensation, and while the providing of medical service was of minor consideration, still the effect upon the practice of medicine has been to hasten centralization in industrial condi-

tions. At the same time it is true that the compensation to physicians has in the main been unsatisfactory and often inadequate. It is natural that compensation for medical services has been crowded to the lowest possible minimum, physicians as well as others being subject to the pressure of economic law, particularly so due to the fact that the worker was looking mainly to the amount of compensation, the employer endeavoring to keep down the cost, and the medical profession generally not awake to the change that was taking place.

From provision in case of accident only, many industrial concerns have followed its logical sequence and established welfare departments. What these activities are may be seen from the list of matters included within the supervision of one such establishment.⁵

Among the general subjects now covered by welfare work in the American Iron and Steel Industry are the following:

Prevention of accident.	Lighting.
Drinking water supplies.	First aid.
Washing facilities.	Hospitals.
Laundries.	Trained nurses and social workers.
Lockers.	Physical examination of employees.
Toilet arrangements.	Lunch buckets and lunch room.
Drainage and sewage disposal.	Commissaries (bread and meat).
Distribution of garbage and rubbish.	Milk supply.
Care of stables and animals.	Flies, mosquitoes and vermin.
Heating work places in winter.	Clean mills and yards.
Cooling work places in summer.	Housing.
Ventilation.	Gardens.
Overcrowding.	Rest and recreation.
Dust, gases and fumes.	Insurance.
Education.	Pensions.
Relief funds.	Savings and investings.
Compensation.	

Whatever the original motive, whether philanthropic or commercial, the experience has been that every activity which makes more healthful and agreeable the workers' work-day environment has been worth while and pays well in more efficient work and greater output. Obviously such economic advantage any concern may acquire from welfare work will disappear so soon as the

majority of competitors adopt the same method. Such economic advantage as may seem to come to the worker from increased wage or earning capacity, the experience in Detroit has shown to be absorbed in increased land values and increased rent.

Statistics are not available to show whether or not better conditions in the shops have any marked effect on the occurrence of general sickness, as distinct from accidents or occupational diseases among the workers as compared with the rest of the population. Diminution in the general sick-rate seems to be slight. In talking with some engaged in the conduct of such departments, it was learned that they are inclined to be of the opinion that welfare work has its main field in preventing destitution during sickness, that the problem is not primarily one of sanitation but of economics.

Life insurance companies, in particular those carrying so-called industrial insurance, have found that welfare work pays not only among their employees but among their policy holders. Primarily money-making enterprises, they have found themselves drawn into the field of preventive medicine. For purely business reasons, it pays to have an adequate nursing force such as that of the Metropolitan Life Insurance Company, visiting the homes of policy holders who are sick to see that they are receiving adequate medical care and are not otherwise in need. It is particularly in work of this type that the nursing profession has added its contribution to the forces of centralization, through the establishment of district nurses, school nurses, insurance company, shop and other nursing activities. At times even their work has overlapped upon that usually considered the province of the physician in the doing of dressings and giving of anesthetics.

A further outgrowth of the principle of prevention which has appealed so strongly to those in life insurance business has been the establishment of the Life Extension Institute and the beginning of a campaign of education to teach personal hygiene and the advantages which are to be gained in health and longer life through periodic physical examination.

Sick benefit funds, sanatorium, homes for the aged and the like, whether maintained by fraternal organizations, trade unions,

groups of workers or employers, have been of minor importance as touching the problem of collective medical service. To furnish medical service has been an incidental rather than the primary consideration. Such significance as these institutions have lies in the fact that in endeavoring to solve the economic problems in sickness of individuals with small income, they have schooled a considerable body of workers to think in terms of collective action in meeting the problems arising from sickness. So far as this habit of thought becomes general, its influence is added to the forces making for centralization.

The adoption of workmen's compensation has added a new element to the situation. It is now legally recognized that the human wreckage, whether through accident or from occupational disease, is as just a charge against an industry as the replacement of old machinery, provision for which should be made, and if need be the police power of the state invoked to enforce such provision. In a conflict between selfish incentive to profit, on the one hand, and the pressure of economic necessity, on the other, the state has had to solve this problem through legal enactment. In bringing this about, the labor unions have been the most potent agency and have been aided by practically all the forces which we are accustomed to class under welfare agencies.

The conviction has been growing for some time that the collection of individuals, called the state, should take more minute care of the health of each individual. The tendency of all agencies dealing with or coming in contact with the problems of health incident to poverty, associated charities, settlement workers, visiting nurses, workers in other sociological lines, has been to look for a solution of all their problems, whether they seek establishment of minimum wage or provisions for medical care, or other measures, by collective governmental action. The reason for this is undoubtedly the belief that if done by the government the remedial measures can be enforced and can be made inclusive. The influence of this group is quite certain to support the movement for compulsory health insurance.

The centralization of medical practice which has occurred under the influence of workmen's compensation laws, and which

was in the nature of things destined to come about, even without such enactment, is of very minor importance compared with the socialization which would result under the compulsory health insurance now being urged for all workers having a wage below a certain established amount. Although compensation and health insurance are unlike in principle they are so alike in the method of application that the differentiation between a measure which makes the legitimate risks of an industry a direct charge upon that industry, and a measure which in effect makes a body of workmen (for note, it is not intended to include the entire population in this provision) dependents of the state can easily be overlooked. The transition from insurance in case of accident and in case of occupational sickness to life insurance in all sickness has already been made in many European countries. In England this includes funeral insurance, maternity insurance, old age pensions, pensions for widows and orphans, and unemployment insurance.⁶

Compulsory health insurance should properly be called neither health nor sickness insurance—it is, in fact, insurance against involuntary destitution and is a problem of economic maladjustment rather than a health problem and an indictment against our economic system. It is well to note in this connection, although the point is too often overlooked, that occasionally very staunch advocates of the enactment of compulsory health insurance laws recognize this fact.

The report⁷ of the Committee on Social Insurance made to the Detroit session of the American Medical Association, a very able digest of the whole subject, states the situation in these words:

The responsibility for the disease-causing conditions rests on the employer, the public, and the employee. The employer's responsibility includes, besides conditions causing so-called occupational diseases, low wages, excessive hours, methods causing nervous strain, and general insanitary conditions. The public has in part recognized its responsibility in such matters as housing, water supply, foods, drugs, and sanitation. The greatest share of the responsibility rests on the individual, and under present conditions he is unable to meet it. This inability exists on the fact that the majority of wage earners do not receive sufficient wages to provide for proper living conditions, and

because the present methods of disease prevention and cure are expensive and sickness is most prevalent among those who are least able to purchase health. The worker is expected to provide for almost certain contingencies in the future, when he lacks means of existing adequately in the present. If a rapid increase in wages were made to all classes of workers to a standard which would permit proper living conditions and adequate medical attention, it is believed it would solve the problem; *but there is no indication that this will occur.** The remedial measures for existing conditions must, therefore, be based on the coöperative action of those responsible for conditions; must be democratic in maintenance, control, and administration; must distribute costs practicably and justly, and must provide a powerful incentive for sickness insurance.

On the other hand, certain reports upon this subject would leave the casual observer to an entirely different opinion.⁸ The Social Insurance Commission of the State of California arrives at the following interesting conclusions: "Sickness is the largest single cause of destitution. A scheme of health insurance would benefit a larger group of wage workers than could be reached by any other branch of social insurance, and at a lower cost. The existing compensation act covers occupational disease; health insurance is but another step forward." The belief that sickness is the chief cause of poverty can be arrived at only through a process of loose statement such as has in the past attributed poverty to laziness, and low wages to drunkenness.

The problems which have arisen in the operation of workmen's compensation acts have shown the value of active state medical associations which, while in sympathy with the purpose of the law, can look to the economic interest of the physician. The Ohio State Medical Association has created a Bureau of Complaints,⁹ which deals with controversies between the members of the Association and the Industrial Commission. In the main the Bureau has to deal with questions of compensation for work done. An unsatisfactory condition of affairs in this respect is not peculiar to Ohio; the same problems are arising in other states.^{10a}

Considering the cost of his education, the years of study, years which constitute an exceptionally long non-productive period, the physician is on the average very much underpaid. If figures¹¹ which have been published are even remotely cor-

*Italics mine.

rect, there are not a few skilled trades which average as much as the physician and which require practically no outlay in the nature of upkeep such as a physician must meet, and which at no time have required of the artisan years of study during a non-productive period. Should the state enter upon compulsory health insurance the physician has no warrant that he will not still be underpaid, even though on the average he may receive more than at present. It is true that in England, where incomes were relatively even lower than here, the insurance act has seemed to operate to increase the average income. The average,^{10b} approximately \$1,500.00 per annum now received by the English physician, can hardly be called adequate considering the educational requirements for this work and anything like such a dead level of income cannot be expected to induce young men of requisite training to enter the profession in the United States. The underpay of physicians is a problem not peculiar to the practice of medicine but is a part of the general economic problem incident to our industrial system.

The medical profession is just as subject to the laws of economic necessity as are others who have labor or service to market. The situation is quite bluntly stated in the following editorial quoted from the *Texas State Journal*.^{10c}

For many years physicians have been campaigning persistently to awaken the public to demand better health protection. Health insurance is the result. To make a perfectly coldblooded statement the people propose to solve the problem by drawing on the state treasury and employers for a part of the cost, by taxing themselves equally for the remaining expense, and with funds so raised to secure their medical service at rock-bottom rates. The time has now arrived when it is necessary for the medical profession to immediately consider under what terms and plans public health interests, and its own interests as well, can be served. It is perfectly plain that the self-sacrificing, public-spirited, uncommercial disposition shown by the medical profession in behalf of public health will not in any large degree be reciprocated by the public when bargain day for medical service in health insurance arrives.

As it is mainly a question of compensation in the case of accident, not an endeavor to obtain efficient industrial surgery, which caused the enactment of workmen's compensation laws, so compulsory health insurance no matter how potent it may become

as a health measure will be, if enacted, essentially an insurance against poverty, and not a measure primarily designed to further public health. The movement to socialize medical practice through compulsory health insurance is the result, primarily, of economic forces and an admission on the part of organized society that the present industrial order makes some measure of charity or state provision imperative to assure proper care in sickness of upward of three-fourths of the working population.⁶

"Three-quarters of the adult males and $19/20$ of the adult females actually earn less than \$600.00 a year."

From a consideration of the factors presented in this cursory discussion, it seems quite evident that the centralization which is taking place in applying medical knowledge to the problems of individual and public health has been made inevitable by the growth of medical science itself, the necessity of collective action in matters of general quarantine and sanitation, the economic advantage of collective action in meeting problems incident to industrial accidents, and last, but not least, the economic dependence of the bulk of the workers.

Under present industrial conditions further centralization of medical practice is inevitable. Compulsory health insurance is inevitable, yet certain as I am that it is inevitable, I am equally certain that it will not solve the problem of physical and social health. The final step in that solution must be the establishment of economic justice.

BIBLIOGRAPHY—REFERENCES.

1. Warren, B. S.: Health Insurance in Its Relation to the Public Health. *Public Health Bulletin*, No. 76, 1916, p. 65.
2. Editorial—All Time Health Officers. *Journal Indiana State Medical Association*, 1916, Vol. IX, p. 485.
3. Report, Bureau of Medical Education and Licensure—Hospital Standardization. *Pennsylvania Medical Journal*, 1916, Vol. XX, p. 213.
4. {
 - a. Williams, J. Whitridge: Dispensary Abuse. *Bulletin, Medical and Chirurgical Faculty of Maryland*, 1916, Vol. VIII, p. 235.
 - b. Cross, J. G.: Relation of Medical Men to Present Day Social Changes. *The Journal-Lancet* (Minnesota), 1917, Vol. XXXVII, p. 172.

5. Darlington, Thomas: Present Scope of Welfare Work in the Iron and Steel Industries. *The Modern Hospital*, 1916, Vol. VII, p. 91.
6. Report, Judicial Council, A. M. A., San Francisco Meeting—Workmen's Compensation Laws, 1915, pp. 7, 51.
7. Report, Committee on Social Insurance, A. M. A., Detroit Meeting. *Journal American Medical Association*, 1916, Vol. LXVI, p. 1975.
8. Editorial—Health Insurance. *California State Journal of Medicine*, 1917, Vol. XV, p. 3.
9. State News—Association's Bureau of Complaints Is Aiding Members in Dealing with State Industrial Commission. *Ohio State Medical Journal*, 1916, Dec. 1, p. 807.
10. {
 - a. Editorial—Industrial Insurance and Workmen's Compensation. *Boston Medical and Surgical Journal*, 1916, Vol. CLXXV, p. 464.
 - b. Editorial—State Control of Medical Practice. *Boston Medical and Surgical Journal*, 1916, Vol. CLXXV, p. 426.
 - c. Editorial—The Texas Liability and Compensation Act. *Texas State Journal of Medicine*, 1916, Vol. XII, pp. 245, 247.
11. Abbott, C. F.: Coöperation. *New York State Journal of Medicine*, 1912, Vol. XII, p. 336.

TRANSACTIONS.

ROOM 101, HOTEL BILTMORE,
NEW YORK CITY, June 4, 1917.

The Forty-second Annual Meeting of the American Academy of Medicine opened at the Hotel Biltmore, New York City, at 10.30 A.M., Monday, June 4th. The President of the Academy, Dr. George A. Hare, telegraphed that owing to illness in his family he could not reach New York in time for the meeting, if at all; that words could not express his disappointment, but that he sent his deepest regrets and best wishes to the Fellows of the Academy. In his absence the First Vice-President, Dr. Frederick L. Van Sickle, called the meeting to order.

The President-elect, Dr. J. E. Tuckerman, was introduced and took the chair.

The Secretary presented the minutes of the meeting in Detroit last June and of the adjourned meeting in Pittsburgh in November, as already printed in the *Journal of Sociologic Medicine*; on motion, duly seconded, the reading was dispensed with and the minutes adopted as thus recorded.

None of the Committee on Local Arrangements being present at this time, an informal and satisfactory report was made by the Secretary.

Dr. E. O. Otis reported for the Committee on Program, that Dr. Woods Hutchinson, the Chairman of this Committee, had been called to Europe in January and had turned the completion of the program over to him (Dr. Otis) as Chairman of the Advisory Committee on "Civilization in its Effects on Morbidity and Mortality," and that with the aid of the Secretary the scientific program had been completed as printed.

The Secretary reported that the McIntire Fund had been completed as reported in Pittsburgh, and, as arranged for at that meeting, the prize offers had been published in the *Journal*. Upon motion of Dr. Bulkley, this Committee was discharged.

For the Committee on Social Insurance the Secretary reported that two partial reports had been received and published in the

Journal. A report, not yet complete, was in the Secretary's hands and upon motion of Dr. Tom A. Williams, its consideration was postponed to be continued at the appointment of the Chairman and in connection with that of the Welfare Committee.

The following report from the By-laws Committee was then read:

Since the appointment of the Committee, I have looked over the By-laws of the Academy on several occasions and see no need of any special change in them. I have corresponded on two occasions with Drs. Putnam and Risley, requesting suggestions as to amendments. Not receiving any proposals for change from either and seeing no urgent necessity for any at this time, I respectfully recommend that the Committee be discharged from further consideration of the subject.

(Signed)

JOHN B. ROBERTS,
Chairman.

The proposed amendment to the Charter as presented at the last meeting, published in the *Journal* and printed in the program (a copy being sent to each of the Fellows) was, upon motion, duly seconded and unanimously adopted. Article VI, Section 4, of the Constitution, now reads:

Associate members shall be elected from those who are not members of the medical profession, but who are working along sociologic, educational or other scientific lines closely related to the work of the Academy, and who have made notable contributions in their respective lines.

Dr. Tom A. Williams presented the following suggestion:

The Academy can extend its influence by bringing itself before the public in the presentation of clearly and simply written statements on medical and sociological facts and practices. This could best be effected thru the daily newspapers by a weekly or daily syndicated article, composed by a committee of the Academy. If this were attractively written it should be vendible to a newspaper syndicate; and the proceeds could defray not only the expenses of the Committee but would add to the Academy funds. The accumulated influences of a propaganda of this kind should be colossal.

The suggestion was favorably received and referred to Council for consideration in connection with the report of the Welfare Committee.

Dr. Williams offered to send, while in France, should the Academy give him such authority and he had time to do so, a report or

reports upon medico-sociologic conditions contingent upon the war; such offer was made because he felt that the material might be of help in connection with the role of the Academy in making suggestions to the Council of National Research. This matter was referred to Council.

Executiv session adjourned to 4.00 P.M.

Immediately following the Executiv meeting, the Academy met in open session with the following topic for discussion: "Civilization in its Effects on Morbidity and Mortality."

The first paper in the symposium was by Dr. Eugene R. Kelley, of Boston; it was entitled "Infectious Diseases," and was read by Dr. Edward O. Otis. There was no discussion.

Dr. Woods Hutchinson, of New York, was to read the next paper on "The Birth Rate," but the Secretary reported that he was still in Europe and had not sent in his paper.

Dr. Tom A. Williams, of Washington, next read a paper on "Suicide." This was discust at length and interestingly by Drs. Ira S. Wile, New York; Frederick L. Hoffman, Newark, N. J.; Richard F. Gundry, Catonsville, Md.; Evan O'Neill Kane, Kane, Pa.; George R. Baalith, Pittsburgh, and Tom A. Williams.

At this point Dr. S. Adolphus Knopf moved the appointment of a committee to formulate resolutions upon the best manner of making public the very excellent advice given by Dr. Williams and the gentlemen discussing the present papers; such committee to consider the advisability of recommending to social workers information for the health of the mentally distrest and to make such information public after the approval by Committee. This was referred to Council for action.

Dr. Rowland G. Freeman, of New York, read a paper on "Children's Diseases." There followed a discussion by Drs. Knopf and Freeman.

The Academy then adjourned until 2.00 P.M.

MONDAY AFTERNOON, June 4th.

At 2.15 P.M., President Tuckerman called the Academy to order and announced the following Committees:

Nominating Committee: Drs. Edward Jackson, Henry O. Marcy and Frederick L. Van Sickle.

Committee on Secretary's Report: Dr. Tom A. Williams, Casey A. Wood and Charles M. Williams.

Dr. Edward O. Otis, of Boston, read a paper on "The Diseases of Adult Life," and on motion the discussion was postponed until the three following papers were read, when the discussion of all would take place.

Dr. Abraham Jacobi, of New York, now spoke on "Old Age," Dr. L. Duncan Bulkley, of New York, read about "Cancer and Civilization," and Dr. S. Adolphus Knopf, of New York, read a paper on "Tuberculosis."

Then followed a most interesting discussion by Drs. George W. McCaskey, Fort Wayne, Ind. (opening the discussion of Dr. Otis' paper); F. L. Hoffman, Newark, N. J. (opening the discussion of Dr. Bulkley's paper); Richard F. Gundry, Catonsville, Md.; S. A. Knopf, E. H. M. Sell and L. D. Bulkley.

The open session adjourned at 4.30 P.M. to the Executiv session.

MONDAY, June 4th.

The Academy met in Executiv session at 4.30 P.M., with President Tuckerman in the chair.

The report of the Welfare Committee was presented and considered. On motion of Dr. Van Sickle it was ordered that the Chair appoint a committee of two or three to which this report should be referred, with the request that they seriously consider ways and means of increasing the interest of the Academy as to the time and place of the meeting and consider whether it would be feasible to meet with other societies doing similar work, or entirely separate in a college town where there would be a nucleus of interest upon certain subjects. The Chair appointed Dr. W. L. Estes Chairman of this Committee, with Drs. Van Sickle and Tom Williams as the two other members.

The report of the Committee on Social Insurance was received and ordered printed in the *Journal*.

Adjourned at 6.00 P.M.

MONDAY, June 4th, 8.30 P.M.

This meeting consisted of two addresses. First came the President's address on "Centralization in the Practice of Medicine—Causes and Effects."

Then followed a lecture on "Women in War Time," by Dr. Rosalie S. Morton, of New York. This was profusely illustrated with lantern slides and toucht upon many fases of women's work and treatment in the warring countries, and was full of information interesting to the Fellows and visitors present.

After an activ discussion this session adjourned.

TUESDAY, June 5th, 10.00 A.M.

The executiv meeting of the Academy was held at 10.00 A.M.

The list of applications for membership, as recommended by Council, was read, and on motion the secretary was directed to cast the ballot and the following were thus elected to Fellowship:

Maud Loeber, New Orleans, La.

Loyal A. Shoudy, South Bethlehem, Pa.

James Morley Hitzrot, New York City.

Clinton Preston McCord, Albany, N. Y.

Morton Raymond Gibbons, San Francisco, Calif.

John Risk Meek, Cincinnati, O.

Resignations were accepted in compliance with the requirements of the Council.

The request of several Fellows to be placed on the list of Retired Fellows was granted.

Adjourned at 10.20 A.M.

The scientific meeting of the Academy was called to order at 10.20 by President Tuckerman.

Dr. Charles W. Burr, of Philadelphia, read a paper on "Insanity," this was discust by Drs. S. A. Knopf, New York; J. T. Searcy, Tuscaloosa, Ala.; E. H. M. Sell, New York; Edward Jackson, Denver; Prof. Franz Boas, New York; J. E. Tuckermann, Cleveland, and Burr.

Dr. John B. Roberts, of Philadelphia, who was to read the next paper, telegraft that he was unavoidably detained at home at the last moment and his paper on "Surgery" was read by title.

Dr. F. A. Delabarre, of Boston, read a paper on "Teeth Vigor," followed by one from Prof. Franz Boas, of New York, on "Stature."

Then came a paper by Dr. Dudley A. Sargent, of Harvard, on "Athletic Feats."

Dr. S. W. Wynne, of New York, came in too late to present his paper on "Longevity," which was then read by title and will be published in the *Journal of Sociologic Medicine*.

Discussion of these papers followed by Drs. W. Blair Stewart, of Atlantic City; E. O. Otis, Boston; E. A. Bogue, New York City; Charles W. Burr, Philadelphia; F. B. Turck, New York City; D. A. Sargent, Cambridge and R. W. Corwin, Pueblo.

General Leonard Wood was on the program at this point for a paper on "Civilization and Good Soldiers," but a letter from him stated that "It will be utterly impossible for me to be present at the meeting as I am swamped with pressing official business of the most important character."

Dr. Edward Jackson here offered the following resolution:

WHEREAS, the present state of war has brought to public attention the great need for a higher type of physical development on the part of our people;

Resolved, That the American Academy of Medicine urges on the attention of the American people and their Representatives in Congress, the importance of providing for universal physical training among the children and youth of our country, in the belief that both for its effects on the physique and for its effects on ideals of activity and conduct, it is the most important part of their general education that the state can provide.

This resolution was referred to Council.

Adjourned to 2.00 P.M.

TUESDAY AFTERNOON, June 5th.

The afternoon session was called to order by the President at 2.30 o'clock.

Dr. Robert D. Wilson, Jr., of Charleston, S. C., read a paper on "The Negro." This was discussed by Drs. Knopf, Otis, Wile, Burr, Searcy and Wilson, the debate becoming at times quite active.

Dr. Titus Munson Coan, of New York City, spoke on "The Hawaiian." This subject was discussed by Drs. Tuckerman,

William R. White, Providence, R. I.; Otis, R. W. Corwin, Pueblo, Colo.; Robert N. Taft, New York City; and Dr. Coan.

Adjourned.

The Academy was called to order in executiv session at 5.30 P.M. by the President.

The following report of Council was presented and taken up paragraf by paragraf. Recommending—

a. The adoption of the following:

WHEREAS, The war has created an urgent problem;

Therefore, The American Academy of Medicine recommends that the Government of the United States of America be urged to prohibit the production of alcoholic beverages during the period of war, to the end that the food supply may be conserved and the dangers consequent upon the use of alcoholic beverages be avoided.

On motion of Dr. Jackson, seconded by Dr. Van Sickle, this resolution was adopted.

b. That the President appoint a Committee, with power to act, upon Dr. 'Tom A. Williams' and Dr. S. Adolphus Knopf's suggestions about popularizing the papers and discussions presented to the Academy.

On motion this recommendation of Council was approved with the additional recommendation that if the articles were put forth by the Academy they must have received the approval of the Executiv Committee.

c. That the Academy puts itself on record as wishing that no relaxation of the laws respecting child labor, etc., be made, except after the most careful consideration.

On motion of Dr. Otis this was carried.

d. That the transactions of the annual meetings of the Academy continue to be publisht in separate volumes.

This was unanimously approved.

e. That the salary of the Deputy Secretary, Miss Elizabeth F. Reed, be increast from \$50 to \$60 per month.

This was approved.

f. That the resolution of Dr. Jackson regarding physical training in the schools be adopted.

This was on motion approved.

g. That the Finance Committee be instructed to purchase Liberty Bonds with the balance remaining in the Permanent Fund.

This recommendation was adopted.

The following report of the Committee to consider the Welfare Committee's report was presented to the Academy, and on motion of Dr. Otis was adopted:

That the next annual session of the Academy shall be held at such time and place as the President, Secretary and Treasurer of the Academy, as a Committee, shall deem fit; the same confirmed by Council, but that such meeting shall not be held concurrent with the meeting of the American Medical Association.

Your Committee recommends also that personal invitations be sent to every Fellow of the Academy at sufficient time in advance to give them opportunity to arrange to attend the meeting.

Also that efforts be made to interest kindred societies in sociologic medicine, such as the American Association of Industrial Surgeons, etc., and that invitations be sent to the officers and members of these associations or societies inviting them to attend the next session.

Respectfully submitted,

W. L. ESTES,

F. L. VAN SICKLE,

Committee.

On motion of Dr. Van Sickle the thanks of the Academy were extended to the Committee on Local Arrangements for the very satisfactory arrangements made for this meeting.

The Nominating Committee made the following report:

President-elect, Dr. Edward O. Otis, Boston.

1st Vice-President, Dr. S. Adolphus Knopf, New York City.

2nd Vice-President, Dr. Tom A. Williams, Washington, D. C.

Secretary, Dr. Thomas Wray Grayson, Pittsburgh.

Assistant Secretary, Dr. Charles Mallory Williams, New York City.

Treasurer, Dr. Charles McIntire, Easton, Pa.

It is recommended that the time and place of the next annual meeting be fixed in accordance with the recommendation of Council,

EDWARD JACKSON,

F. L. VAN SICKLE,

HENRY O. MARCY,

Nominating Committee.

On motion the Secretary was instructed to cast the ballot

for these persons and they were declared to be the nominees of the Academy to be formally elected at the adjourned meeting to be held in Pennsylvania at the call of the Secretary.

The Academy adjourned to meet in Pennsylvania at the call of the Secretary.

The necrology list was presented as follows:

NECROLOGY.

1916, June 4:

Alfred King, Portland, Me., b. at Portland, July 2, 1861. A.B., Colby University, 1883; M.D., Medical School of Maine, 1886. Elected, 1889.

July 13:

Charles Hamilton Hughes, St. Louis, b. at St. Louis, May, 1839. Son of Harvey J. and Elizabeth R. S. Hughes. Attended Brinnell College for three years. M.D., Washington University, 1859. Dr. Hughes was an associate member of the Association of Military Surgeons, was Vice-President of the Nebraska State Medical Association and served as President of the Mississippi Valley Medical Association. In 1880 he founded the "Alienist and Neurologist," of which he was owner and editor for many years. Elected, 1910.

July 16:

Sir Victor A. H. Horsley (Honorary member), b. at Kensington in 1857. M.B., and B.S., with gold medal in surgery, University College, 1881; F.R.C.S of England, 1883. He was connected with the University College at London in various positions from 1893 until the time of his death. His work in brain surgery gave him fame thruout the world. Sir Victor saw service in the Boer War and it was while he was with the Tigris expedition in Mesopotamia that he was stricken with heat and died. Elected, 1907.

August, 18:

J. G. Connell, Pittsburgh, b. in Pennsylvania on August 3d, 1848. A.B., University of Wooster (Ohio), 1874; A.M., same, 1877; M.D., College of Physicians and Surgeons, New York, 1877. Elected, 1886.

September 20:

A. B. Judson, New York, b. at Maulmain, Burmah, April 7, 1837. A.M., Brown, 1859; M.D., Jefferson Medical College, 1865; M.D., College of Physicians and Surgeons, of New York, 1868. Dr. Judson was made Assistant Surgeon, U. S. N., in 1861, and Surgeon, 1866. Elected, 1878.

October 23:

D. Braden Kyle, Philadelphia, b. at Cadiz, O., October 11, 1863. M.D., Jefferson Medical College, Philadelphia, 1891; Hon. A. M., Dickinson College, 1904. Dr. Kyle was connected with the Jefferson Medical College from 1891 until his death. He was President of the American Laryngological Association from 1900 to 1911. Elected, 1899.

October 29:

E. W. Schaufller, Kansas City, Mo. b. at Vienna, Austria, September 11, 1839. A.B., Williams, 1862; A.M., same, 1875; M.D., College of Physicians and Surgeons, New York, 1868. In 1869 Dr. Schaufller assisted in the organization of the Kansas City Medical School and became a member of the teaching staff. He was President of the Missouri State Medical Association, 1878-9; was a member of the American Climatological Association and of the G. A. R., having left College before graduation in 1862 and serving in the Army for three years. Elected, 1889.

1917, January 2:

A. C. Rogers, Faribault, Minn. b. at Decorah, Ia., July 17, 1856. B.S., Earlham College, 1877; M.D., Iowa State University, 1883; LL.D., Earlham, 1905. In 1882 married Miss Phoebe Coffin, of Columbus, Kansas. Dr. Rogers was Superintendent of the Minnesota School for the Feeble-minded and Colony for Epileptics from 1885; was editor-in-chief of the *Journal of Psycho-Asthenics*; Secretary and Treasurer of the American Association for the Study of the Feeble-minded; President Minnesota Conference of Charities and Correction, 1898; President of the Minnesota Academy of Social Science in 1911. He was also a member of the American Association for the Study of Epileptics and of the National Conference of Charities and Correction. Elected, 1891.

January, 24:

A. E. Ham, Providence, R. I. b. at Providence, July 23, 1843. A.B., Brown University, 1864; A.M., same, 1867; M.D., College of Physicians and Surgeons, New York, 1867. Elected, 1880.

February 12:

Henry D. Holton, Brattleboro, Vt. b. at Rockingham, Vt., July 24, 1838. M.D., University of New York, 1857; A.M., University of Vermont, 1873. Dr. Holton was a member of numerous societies, both medical and civic. He was Secretary of the Vermont State Board of Health; President of Leland and Gray Seminary since 1897; State Senator, 1884; Congressman, 1888; President Connecticut River Valley Medical Society, 1869; President State Medical Society, 1873; President American Congress of Tuberculosis, 1901; President American Public Health Association, 1902; also of the Vermont Branch of the National Red Cross Society. Dr. Holton was also Professor of Pathology and Therapeutics at the University of Vermont from 1873 to 1887. Elected, 1902.

February 12:

A. V. Stubenrauch (Associate member), Berkeley, Cal. b. at New Orleans, April 27, 1871. B.S., University of California, 1899; M.S. in Agriculture, Cornell, 1901. Professor Stubenrauch was professor of pomology at the University of California from 1914 until the time of his death. Previous to that he had been connected with the Department of Agriculture of the United States Government and with the University of Illinois. Elected, 1915.

February 21:

G. Hudson-Makuen, Philadelphia, b. at Goshen, New York, July 16, 1855. A.B., Yale, 1884; M.D., Jefferson Medical College, 1889. Married Mrs. Nancy B. Dyer, of Chester, Pa., December 20, 1900. Dr. Makuen limited his practice to the ear, nose and throat. He was professor of defects in speech at the Philadelphia Polyclinic from 1896; President of the American Laryngological Association, 1915; of the American Laryngological, Rhinology and Otology Society, 1912; and of the American Academy of Medicine in 1900-1. He was also a Fellow of the College of Physicians of Philadelphia. Elected, 1897.

The following members of the Academy were registered at the meeting:

Paul E. Bechet, New York City.
 L. Duncan Bulkley, New York City.
 R. W. Corwin, Pueblo, Colo.
 C. L. Cummer, Cleveland.
 David Dennis, Erie, Pa.
 W. L. Estes, South Bethlehem, Pa.
 Wolff Freudenthal, New York City.
 Julius Friedenwald, Baltimore.
 Thomas Wray Grayson, Pittsburgh.
 Richard F. Gundry, Catonsville, Md.
 Edward B. Heckel, Pittsburgh.
 Frederick L. Hoffman, Newark, N. J.
 Edward Jackson, Denver.
 S. Adolphus Knopf, New York City.
 Evan O'Neill Kane, Kane, Pa.
 Albert Kaufman, Wilkes-Barre, Pa.
 F. Thomas Kidder, Woodstock, Vt.
 Laura Arlene Lane, Faribault, Minn.
 G. W. McCaskey, Fort Wayne, Ind.
 E. Bosworth McCready, Pittsburgh.
 Henry O. Marcy, Boston.
 Henry O. Marcy, Jr., Newton, Mass.
 Elizabeth L. Martin, Atlantic City, N. J.
 H. P. Newman, San Diego, Cal.
 Edward O. Otis, Boston.
 Samuel C. Plummer, Chicago.

D. A. Sargent, Cambridge, Mass.
Reginald H. Sayre, New York City.
J. T. Searcy, Tuscaloosa, Ala.
E. H. M. Sell, New York City.
Edith R. Spaulding, Bedford Hills, N. Y.
Frank R. Starkey, Detroit, Mich.
C. L. Stevens, Athens, Pa.
W. Blair Stewart, Atlantic City, N. J.
J. E. Tuckerman, Cleveland.
Frederick L. Van Sickle, Olyphant, Pa.
J. P. Warbasse, Brooklyn, N. Y.
William R. White, Providence, R. I.
Ira S. Wile, New York City.
Charles M. Williams, New York City.
Tom A. Williams, Washington, D. C.
Reynold Webb Wilcox, New York City.
Casey A. Wood, Chicago.

SOCIAL INSURANCE.

This department is under the supervision of the Social Insurance Committee of the American Academy of Medicine.

REPORT OF THE COMMITTEE ON SOCIAL INSURANCE OF THE AMERICAN ACADEMY OF MEDICINE.

The survey of social insurance made by your Committee appointed to study the subject, has shown that the movement is spreading thruout the world, regardless of lines of race or nationality, regardless of political theories—whether of democracy or autocracy—until it is becoming as world wide as the industrial system which it accompanies.

This movement, which is well nigh universally found among industrially developot nations, is nothing more than the application of the insurance principle under state encouragement to meet the hazards of life among wage-earners. These hazards are those which interfere with the ability of the wage-earner to contribute, thru his own efforts, to the support of himself and his family, whether it be on account of incapacity for work due to accident, sickness, invalidity, or old age, or on account of inability to obtain work. Social insurance embraces insurance against all these contingencies, thru workmen's compensation, health insurance, invalidity and old age insurance, and unemployment insurance.

The state, under a system of social insurance, encourages, in varying degrees, insurance against these risks. This encouragement may take the form of supervision over the agencies which provide insurance, or it may provide insurance at cost, or it may go further and pay the cost of administration, still further, and provide for part of the insurance costs, and beyond that it may provide for the entire payment. Finally, state encouragement of insurance may assume the form of compulsion, that is, of compelling insurance against specified hazards. The differing degrees of encouragement are to-day being applied among the industrial nations, the same nation not infrequently employing several methods in different fields. Thus, Great Britain, prior

to the passage of the National Insurance Act of 1911, in the field of health insurance merely registered the so-called "friendly societies," while in the field of old age protection she provided an old age pension for Parliamentary appropriations. Side by side with this latter, the National Insurance Act of 1911 substituted for mere registration a compulsory health insurance system supported by the joint contributions of workers, employers and the state. In the field of protection against unemployment, this famous act introduced compulsory unemployment insurance for specified industries supported by the workers, their employers, and the state. Simultaneously, it provided a state subsidy for voluntary unemployment insurance. Altho the case of Great Britain shows clearly enuf that universal agreement as to the manner of encouraging insurance has not yet been reached, it illustrates the trend toward compulsory insurance as a substitute for registration and subsidies—a trend which is equally evident in the adoption of compulsory insurance in one field or another by all the leading industrial nations of Europe.

Compulsory insurance, the predominating form of encouragement, had its origin in Germany where, during a single decade, provision was made for compulsory insurance against the hazards of industrial accidents, of sickness, of invalidity and old age. Other nations of Europe have followed suit until to-day workmen's compensation legislation, with varying degrees of compulsion, is found in practically every European nation, Germanic, Latin, Slavic and Finnish alike, in Japan, in Australian states, in Canadian provinces, South American countries, as well as in thirty-seven of our own states and three territories. Close upon the heels of protection for industrial accidents has come the demand for protection in time of sickness. State encouraged health insurance, aside from the subsidized systems of Sweden, Denmark, France, Belgium and Switzerland, exists in its compulsory form in ten of the European industrial nations—Germany, Austria, Hungary, Roumania, Serbia, Russia, Luxembourg, Holland, Norway and Great Britain. The advances made by old age pensions and insurance, tho notable, have been less marked than the rapid strides of compensation for industrial accidents and for sickness.

The growth of a movement so widespread, extending as it does from England to Russia, reaching to Japan, Australia, South American republics, and including Canada and our own states, can hardly be explained by national traits or by the acceptance of any one political philosophy. The explanation lies rather in the development of an industrial civilization with its factories and elaborate distributiv system, in which the worker can keep abreast so long as he is able to work, but in which, when his ability to work is gone, the worker falls behind in the race. Just as in a pioneer country, the land holder requires legislation to protect his security of tenure in time of emergency, so in an industrial country the wage-earner requires legislation to safeguard his ability to labor—his only capital. Social insurance is one of the protectiv measures of the new order.

The progress of the social insurance movement has been speeded up by the increast feeling of the state's responsibility for its citizens, which has come in part as a result of probing into industrial affairs. We now recognize, as the result of careful study, that the cost of industrial accidents should rest largely upon industry. Workmen's compensation has been the result. In other words, as nations have found the practice of *laissez-faire* disastrous for those least able to protect themselves against accidents, and dangerous to the social whole, they have substituted co-operativ effort and control in the form of obligatory insurance.

In our own country, the advance of the social insurance movement, altho following in the wake of the Europeans, has been no less insistent. The thirty-seven states and three territories which have adopted workmen's compensation within seven years bear testimony of its rapid progress. Its importance to the public as well as to the medical profession was frequently not sensed by physicians until the legislation was on the statute books. This failure results in most states in framing clauses providing for medical care without sufficient assistance from physicians, to the detriment both of the injured worker and the profession.

Already the extension of the compensation principle to cover industrial diseases is an accomplit fact in two states of

the Union. But compensation for the limited number of cases in which the occupational origin can be established in a court of law is but a beginning, pointing to the justice of insurance protection against all those illnesses for which industry is partially responsible. The movement for insurance against all sickness, under the name of Health Insurance, is making rapid headway. Bills prescribing health insurance for all manual employees and others earning \$100 a month or less have been introduced into thirteen state legislatures during the legislative session of 1917. The legislatures of Ohio, Connecticut and New Hampshire have also authorized official investigations, and to this list it is likely other states will shortly be added.

The session of 1917 is also memorable for the favorable reports of the California and Massachusetts Social Insurance Commissions—the first two official reports upon health insurance. The California Commission, after a preliminary survey of the social insurance field, agreed to center all efforts upon health insurance as the logical and most practicable next step following workmen's compensation. Briefly, the findings and recommendations of the commission are summed up in a unanimous agreement upon the essential provisions as given in the following sentence:

In order to meet the problems of destitution due to sickness and in order to make health insurance a valuable adjunct to the broad movement for the conservation of public health, any legislation on this subject should, in the opinion of the Commission, provide (a) for a compulsory system for the conducting of the insurance by non-profit making insurance carriers; (b) for a thoroughly adequate provision for the care and treatment of the sick; and (c) for contributions from the insured, from industry and from the state.

The Massachusetts commissioners attempted to cover in one brief investigation the several forms of social insurance, and it is not surprising that the three sub-committees dealing with sickness, old-age dependency, and unemployment, arrived at conclusions not entirely acceptable to all of the members of the Commission. In endorsing the principle of health insurance, however, the Commission is unanimous. A majority of the members are, furthermore, in accord with the main provisions of the health insurance bill introduced this session in the Massachusetts legis-

lature, and believe that the system, to be effective, must be compulsory and that the cost should be distributed among employer, employee and the state.

The major report, in its recommendations, agrees in most particulars with the conclusions reached independently on the opposite coast by the California Commission. The Massachusetts reports recommends compulsory, contributory workmen's health insurance legislation, with private stock companies operating for profit excluded from the field. "The plan of insurance," states this report, "most likely in our opinion to prove successful is one in which the carriers are mutual associations managed by employers and employees, equally."

Health insurance legislation has not yet been passed in any American state, but in view of the experience of other nations as well as our own with workmen's compensation, there is no doubt that such legislation will come at an early date.

Health insurance is of even greater importance than workmen's compensation; whereas but one workman out of forty is injured at his work in the course of a year, one out of every four or five are ill during a year. The social value of providing a cash benefit during illness and of bringing medical care within the reach of all wage-earners and their families on a non-charity basis, is evident from our previous report. Intelligent men who play an important part in moulding public opinion, can neither afford to remain passive nor afford to allow personal or even professional considerations to prejudice a survey of the facts. Members of the medical profession, however, have a special duty to see that health insurance legislation be so framed that high standards of medical practice shall be maintained in the interests of the public and of the profession. To this end, it is highly desirable that the Committee of the American Academy of Medicine, as well as many similar committees, co-operate, while the plan is still in its formative stage, with those now drafting legislation.

Your Committee believes that in the interest of high medical standards as well as of sound administration, such committees should insist upon the following fundamental principles:

1. Free choice of doctor by the patient wherever local conditions permit.

2. Adequate representation of the medical profession on the appropriate administrative bodies.

3. That this Committee does not recommend, nor should the American Academy of Medicine, nor any other representative body of physicians of the United States favor any enactment on health or other social insurance, in which legislation effecting physicians *does not* provide for adequate and proper remuneration for professional services.

Lastly, your Committee believes that a greater effort should be made to interest the rank and file of the medical profession and that literature bearing upon this subject should be placed in the hands of every physician so far as it is possible to educate and instruct the profession and illuminate the subject of social insurance in the United States.

Respectfully submitted,

FREDERICK L. VAN SICKLE,

JOHN B. ANDREWS,

GEO. A. HARE,

Committee.

* * *

At a special meeting of the Bureau of Information of the International Child Welfare League, held in New York City, a resolution was unanimously adopted asking the Governor to appoint a commission to consider the subject of maternity insurance. It is known that 15,000 mothers die in this country each year, most of them needlessly, and that of the 250,000 children less than one year old who die annually 100,000 might be saved did the mothers receive the proper aid before and at the time of the birth of the child.

* * *

It is announced that the Italian Government has arranged a system of insurance for parturients in wage-earning families in that country. At childbirth each mother received about \$8.00 (40 lire) from a fund raised as follows: For each person insured, the state gives 12 lire annually, the employer 1.25 and the insured 1 lire.

THE CHILD AND HIS RELATIONSHIP TO SOCIETY.

CHILD LABOR IN WAR TIME.

It seems that the ideas of some of the warring countries in Europe in regard to child labor have undergone quite a change in the last year or two. It is well known that in the excitement caused by the great conflict many of the laws and customs looking to the protection of women and children were severely strained, or even ignored, but the following words from M. Albert Thomas, the French Minister of Munitions, illustrates very well the official attitude of both France and England after two years of emergency exemptions from war industries.

"The experience of war time has only demonstrated the necessity—technical, economic, and even physiological—of the labor laws enacted before the war. In our legislation secured in time of peace, we shall find the conditions for a better and more intense production during the war."

Under the influence of employment at night, very young girls show almost immediate symptoms of lassitude, exhaustion and impaired vitality. A very similar impression was made by the appearance of a large number of young boys who had been working at munitions for a long time on alternate night and day shifts.

In France and England, earlier hours are being restored (we quote freely from a bulletin of the Children's Bureau of the United States Department of Labor) not only to protect the health of the workers but for the sheer sake of industrial efficiency, present and future. In Italy, the Central Committee on Industrial Mobilization, has taken steps in the same direction. In Russia, a year before the revolution, a movement was under way to raise the age limit for children in industry.

France, after almost two years of war time exemption, by which children under eighteen were allowed to work at night in special cases, restored the night-work prohibition for girls under eighteen and provided that other night workers should be subject to medical supervision.

France has now under consideration an education bill which would in effect raise the standard of labor protection in war time. It was introduced in the Chamber of Deputies in March by M. Viviani and closely resembles a bill past by the French Senate in June, 1916. This proposal to establish a system of continuation schools and to require part-time school attendance during working hours by all working children under 17 years of age, has the endorsement of the Minister of Commerce and of business interests in all parts of the country.

A similar advance has been recommended in England by the Departmental Committee on Education for Juvenile Employment after the war. This committee also advises an effective 14-year age limit for required school attendance without the exemptions permitted by the present law. Supplementary estimates for educational purposes have been presented to Parliament by the Government, which look toward a strengthening of adolescent education along the lines suggested by the Committee. In England, as early as 1915, some employers returned to regular labor standards.

In England the war exemptions to the factory laws have not included a lowering of the age limits for factory work. And the exemptions to the school-attendance laws permitted for agriculture and "light employment," are now bitterly regretted by the general education authority which has sanctioned them.

Canada, Australia and New Zealand, in spite of the great armies of men they have sent to the front, have maintained their labor standards with little or no variation. Victoria has slightly increased the amount of overtime which may be permitted to women and children in special cases. On the other hand, Manitoba has reduced its legal overtime. No change whatever in restrictions on women and child labor is reported from New Zealand.

* * *

THE PUBLIC SCHOOL AND THE STUDY OF DELINQUENCY

There is no problem which is less private and more social in character than the problem of juvenile delinquency. For this

reason it is inevitable that our foremost juvenile social institutions, namely the public school, should take an increased concern in that problem. Court administration, probation measures and reformatory efforts should all bear a co-operative relation to the public school system. When a school boy is brought before the bar, the judge has good reason to demand more than a few bare details about the boy's school career, and the school authorities on their part, should be in a position to furnish more than some scant facts regarding punctuality and attendance.

This is particularly true of all pupils who have previously shown waywardness, or who have been disciplinary and refractory cases while in school. In large cities the keeping of psychobiographical records of all such cases would be a natural function of regular and special class teachers, co-operating with the medical and psychological staff. Even in village and rural schools some efficient system of record keeping could be devised, under the direction of central state authority. It is only a matter of time before we shall have a more comprehensive book-keeping of the problems related to social conduct as they arise and as they are foreshadowed in the public school. The parochial school presents peculiar, but not insurmountable, difficulties in the realization of such an ideal.

We already have examples of the clearing-house idea applied to the treatment of criminals, but chiefly of recidivists. Now, the clearance-house methods should be brought to bear nearer the source of delinquency. The public school should itself become a clearance office. That this ideal is workable is shown in the partial registration of the feeble-minded already accomplished by the special class provisions of many city school systems. The present interest of the public school in the feeble-minded needs only to be extended and refined to include more definitely in its purview the problem of delinquency. Many of these feeble-minded children are destined to commit delinquencies; and in truant schools and special classes for refractory pupils it is almost a matter of course that a fraction of the enrollment will stray into the paths of crime. The public school enjoys a semi-parental relation to all these potentially delinquent

children. They should become the object of scientific interest, as well as of preventive control.

We appreciate that the public school is an abstraction, and that there are only public school systems. But it is not too much to hope that among the enterprising city school systems there will be a few who will undertake constructive programs of research extending over a period of several years; so that a decade hence we may do more in the way of recognizing and treating our delinquents while they are children.—*Arnold Gesell in the "Journal of Delinquency."*

* * *

New York City, especially, has developed a system of child conservation which, as a system, is the equal of the best that war has created in Europe. The first school nurse was employed by the City almost a generation ago. To-day, the Bureau of Child Hygiene employs more than three hundred nurses, one hundred and eighty-seven medical inspectors, ten dentists, two surgeons, fifty-eight nurses' assistants, and almost one hundred men and women of other ranks. It operates fifty-nine infants' health stations for the feeding and medical supervision of babies and the instruction of mothers. It co-operates with scores of day nurseries, settlements, clinics and hospitals. And in recent years, its work has been re-enforced by the School Lunch Committee, which, with the aid of a municipal subsidy, sold over two million penny portions of food last year to ten thousand children at thirty-four school kitchens. As a result of all this work, the infant death rate fell from 200 per thousand in 1898, to 125 in 1910 and 93 in 1916—the lowest in the country. The death rate among children under five years has undergone a corresponding decrease. But the morbidity among children of school age—that is, the proportion in a subnormal state of health and physical resistance—has apparently increased. This is principally due to the fact that the service of the school lunches has not kept pace with the decline in the purchasing power of wages. And the lunch rooms ought now to be run thruout the year, instead of the school months only. The danger is that at this time when the need of the children grows daily more acute, it will be

difficult not only to extend the present service, but to keep it intact.—*From the New Republic, April 21, '17.*

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An average of 100 children per month are being placed out and boarded in private families by the Department of Public Charities of New York City.

* * *

The largest children's service in any hospital in the United States is located at the Metropolitan Hospital on Blackwell's Island, New York.

* * *

160,000 children in the secondary schools of New York City have been discovered, thru medical examination, to "bear the stigmata of prolonged undernourishment."

* * *

In speaking of health examinations at school entrance, W. H. Burnham of Worcester, Mass. (*Journal of the American Medical Association*, March 24, 1917) says: "The reasons for a thorough health examination are obvious. Such an examination is desirable: 1. To prevent these children who are in ill health or not sufficiently developed physically and mentally from entering. 2. To provide the necessary physical data to enable teachers so to order the school work that it will not result in injury to health or a check to development, as often happens in the first year of school life. 3. That proper grading and adaptation of school occupations to individual capacity may begin at the outset of school life. 4. To give school physicians the data necessary for safe-guarding the health of children against contagious diseases and the like. 5. To give teachers proper knowledge of the new pupils and the right attitude toward them. 6. That children may begin right and be saved from unnecessary failure and retardation or elimination in later grades. 7. To educate parents and foster a right attitude toward the school. 8. To save the money of tax payers, now largely wasted, and so badly needed to provide for absolutely essential hygienic conditions.

WAR PROBLEMS

"The supreme test of the nation has come. We must all speak, act and serve together."—
WOODROW WILSON.

In this new department there will appear mention of, and comment upon, some of the important questions of Medical Sociology the World War is bringing into prominence.

One of our exchanges says there is a great increase in the amount of juvenile crime not only in Germany but also in England; and that "among the causes for this condition the following are indicated: decrease or absence of parental control, increase in transportation of goods by van, darkening of the streets at night, increase spirit of adventure aroused by war stories, general use of gaming machines, and the frequency of crime depicted in the moving pictures. The extra handicaps which war has brought to an adequate treatment of juvenile delinquency are clearly made evident; and in words of hopelessness we read: 'I regret to say that there is no evidence yet of any abatement of the epidemic.' When the total cost of this frightful European slaughter is finally consummated, let our statisticians not forget to include among their numerous items this unpardonable one."

* * *

It is reported that a German Republican Party has established headquarters at Zürich, Switzerland, and is issuing a bi-weekly paper from that city. In line with this, Prof. Paul Suppel, of Zürich, has issued the following stirring message to the German-speaking citizens of Switzerland:

"Tell the truth to Germany, for she is dying for the want of it, and you are the only ones to whom she will listen, because she knows you wish her well. Her salvation depends, for much, on you. Tell her how the war began, how the lies were told and continue to be told, how the promises were broken, and how all that followed until the entrance of America in war—is the consequence of the first crime. Tell her how the judgment of the world has fallen upon her. Tell her this instead of repeating,

like an echo, those petty arguments with which she calms her troubled conscience. Will the German Swiss refuse this help in the hour of need? Will they not help her to retake her place among the nations free and equal before the law? Politically our confederates are the elder brothers of their northern neighbors still in bondage. Will they sell their right for a mess of pottage?"

* * *

SOME GOVERNMENT ACTIVITIES.

For a few weeks after this country entered into the war, there was a widespread feeling among us that things were moving slowly—too slowly. But few, if any of us, realized the enormity of the task; we were forgetting that the greater a task, the greater its inertia. Lately, however, we are appreciating the many activities on all sides and there is a fine feeling among the well informed that this country is now doing splendidly and is heart and soul in the struggle.

Some instances of this forward movement are found below, much of the information being taken from the Official Bulletin, which the National Government is now issuing daily.

The President urges that the vocational training schools of the country be kept open during the summer months so that it will be possible to train a large number of young men under military age either to fill the places in our industries of men who may enlist or be withdrawn for the military service, or to carry on special occupations called for by the war. At the same time it would be possible to give to many men intensive training of such a kind as would enhance their productiveness in industry.

The Bureau of Education has issued a letter to the director of summer schools urging that lectures on United States war aims be included in the curricula of their schools. It is urged that wherever possible arrangements be made for general lectures, at least on such subjects as would make clear the reasons for America's entrance into the war, and would illuminate the democratic ideals which have guided us and for the extension of which we are now contending. The Bureau also says that there are at present

unusual opportunities for service by home economics departments and by all women who have received or are now receiving home economics instruction. "Inevitably there will be need during all of the next few years of soup kitchens, free school lunches, and other forms of community feeding." Summer schools should offer courses preparing women for this work. "If war comes upon American territory, the well-trained graduate nurse will be called to war hospitals, and the ordinary nursing of home sickness will devolve upon home women."

The Department of Labor is authority for a statement that farmers are now glad to have clean, healthy youths from the city help them on the farm. Young men, who have a sense of responsibility and willingness to work, are better than the narrowly trained and irresponsible persons often hitherto employed in the rural districts.

The Bureau of Naturalization of the Department of Labor has issued a statement in which it hopes that the night schools for the foren-born population will nowhere be discontinued. "A knowledge of American institutions and Government can be obtained by the adult foren population of this country only thru education, and in this great cause the public-school authorities of the United States, in co-operation with the Department of Labor, thru its Bureau of Naturalization have enlisted."

The Navy Department announces that the Attorney General has given it as his opinion that the prohibition provisions of the selectiv draft act cover the entire military establishment of the United States, including the Navy and Marine Corps. This says, in effect, that every military station, cantonment, camp, fort, post, officers' or enlisted men's club, which is being used for military purposes, shall practically be "bone dry."

As *The Survey* says, two of the best establisht of the old military conventions—that the soldiers must drink and that the army must have camp followers—have been officially denied the past month. The stand that the military authorities have taken against liquor traffic shows what the greatest democracy in the world thinks about this fase of the prohibition question, and the following ringing statement from Secretary Daniels marks a great advance in the way of viewing the other problem:

"I am charged with the duty of training these young men for service in the Navy; State and local officers are charged with the duty of seeing that the laws of their States and of the United States are faithfully executed. There lies upon us morally, to a degree far outreaching any technical responsibility, the duty of leaving nothing undone to protect these young men from that contamination of their bodies, which will not only impair their military efficiency but blast their lives for the future and return them to their homes, a source of danger to their families and to the community at large.

"These dangers are bad enuf in ordinary times; in time of war, when great bodies of men are necessarily gathered together away from the restraints of home, and under the stress of emotions whose reactions inevitably tend to dislodge the standards of normal life, they are multiplied manifold, and the harpies of the underworld flock to make profit out of the opportunity. If we fail in vigilance under these conditions, the mothers and fathers of these lads and the country generally will rightly hold us responsible."

Secretary Baker says, "I am determined that our new training camps as well as the surrounding zones, within an effective radius, shall not be places of temptation and peril."

In June a Conference of American Physicists with members of the French Scientific Mission was held in Washington under the auspices of the National Research Council. It is said that on account of the availability of extensive laboratory facilities, the United States has a capacity for research altogether unapproached in Europe at the present time, and it is most imperative that this capacity be utilized to combat the submarine menace.

The Secretary of the Navy has recommended, and President Wilson has sent to Congress a request for \$2,200,000 for emergency hospitals. Eight such hospitals are now nearing completion; plans are being drawn for temporary buildings at eight important ports and three others are deemed necessary.

According to *The Survey*, Surgeon General Gorgas of the Army says that the medical corps needs 17,000 more doctors. While England and France are longing for the aid American physicians could give them, all their available physicians having gone to war

and their cities and towns are suffering for medical attention. There has been no conscription of doctors as yet, but our growing expeditionary forces will require more and more physicians and if more of the doctors of the country do not volunteer thru the Medical Officers' Reserve Corps something will have to be done.

In fact, this drafting of physicians has already been urged by the Council of National Defense by the New York State Committee who show that the volunteer system results in confusion, waste and failure, and that a selectiv medical draft would accomplish the desired result by bringing into the Army those best fitted for its uses and by leaving at home those physicians most needed by the community.

In addition to vaccination against typhoid fever all officers and enlisted men of the United States Army and all other persons associated with the military forces of the United States, designated for service overseas, are being completely vaccinated against the paratyphoid fevers before their arrival in Europe.

There is a movement on foot for insuring the lives of the soldiers and sailors of our Army and Navy thru the extension of the powers of the War-Risk Insurance Bureau of the Treasury Department or thru the combined agency or co-operation of the life insurance companies of the United States. As Secretary McAdoo says:

"This is a great problem, and it appeals immediately and instinctively to the highest thot and purpose of the country. Certainly everything possible should be done to give protection to those who are dependent upon the men who give their lives for their country, and to ameliorate the rigors and horrors of war. No organized effort has ever been made by any government to provide this sort of protection and comforting assurance to its fighting men. Why should not America take the lead in this noble and humane action?

"I earnestly hope that as a result of the measures thus initiated a great system of insurance will be devised which will give to every officer, soldier, and sailor in the military and naval service of the United States the assurance that some provision is made for the loved ones he leaves behind if he is called to make the greatest sacrifice that a patriot can make for his country."

Basing their conclusions on a study of the experiences of England, France, Canada and Germany, a conference of ten physicians from different parts of the country has recently laid before the Council of National Defense a series of recommendations for a system of re-education and rehabilitation for men who may be maimed and crippled in the war.

The thoroughness with which the Council of National Defense is entering into many of the questions pertaining to preparedness for war is shown by a letter which the Commercial Economy Board of this Council recently sent to the Grocers Association urging that stores eliminate unnecessary services. The suggested display cards say that millions of dollars and thousands of men are tied up by useless delivery of goods and that these men and this money can be released for vital service if customers will be properly considerate.

It is the policy of the War Department to encourage all people who bring to Washington original ideas about the conduct of this country in the war. This open-minded policy, the Department claims, is producing results which for obvious reasons are not made public. Many of these ideas are helpful and many are fantastic, but all are given a respectful hearing.

* * *

The Churchman (June 16, 1917) says we could raise \$20,000,000,000 worth of additional food products a year from our untiled acres—exactly twice as much as we do now. We could save \$750,000,000 a year if we made up our minds to stop the criminal waste of our domestic commissariat, due to preventable ignorance and wilful extravagance.

If we did these things we should win the war. And we should have fewer dependents to care for afterwards; probably few, if any, pensions to pay to the disabled, the poor, the aged. We should have fewer unemployed. We should have enough and to spare in food, raiment, shelter and money for every man, woman and child in the whole country. If we did them we should lead the world in sobriety, thrift, industry and efficiency. We must do them to save civilization—our own included—and we must begin to do them at once.

FROM THE FIELD.

REPORT OF DELEGATES TO THE ANNUAL CONGRESS ON MEDICAL
EDUCATION, PUBLIC HEALTH AND MEDICAL LICENSURE
HELD IN CHICAGO, FEBRUARY 5 AND 6,
1917.¹

I.

The uppermost thought of the founders of the American Academy of Medicine—just forty years ago—was, that this new medical society should mainly devote its activities to the improvement of the standards of medical education. As we all know, those standards, in those days, were hardly worth mentioning, and the necessity for such an effort was notorious. Still it was difficult to arouse the medical profession and the public to the urgency of the case, and, for many years, the question was largely academic in character. During all this time, however, the Academy was diligently at work along the lines of agitation and education, and finally the public began to wake up to the situation. One of the most effective measures of the Academy was the initiation of the plan of a yearly inspection of all the medical schools in the country—subsequently adopted by the American Medical Association—with the publication of its findings in the *Bulletin*. This pioneer work was absolutely necessary, and, doubtless, would have ultimately succeeded, but, after we had worked at the problem for twenty-five years, the American Medical Association awoke to its opportunities and came to our assistance. It seriously adopted the cause as its own and placed it in the charge of the Council on Medical Education. We all know what has happened since then, and rejoice accordingly. Backed up by 70,000 physicians and with the *Journal of the American Medical Association* as its mouthpiece, the Council has gone on "Conquering and to Conquer!" till the whole outlook of the

¹ Drs. Sheldon and Bardeen, at the request of the Executive Committee, attended this Congress as the Delegates from the American Academy of Medicine, and their reports as here printed were presented at the annual meeting in New York in June.

medical profession—educationally—has been completely changed for the better.

The Annual Congress on Medical Education, Public Health and Medical Licensure, bringing together each year so many able men and women who are deeply interested in all these closely related problems, has, without doubt, been an important factor in securing such brilliant results. The meeting this year, held in the Florentine Room of the Congress Hotel at Chicago, February 5th and 6th, was largely attended, and included many of the most distinguisht educators in the whole country.

Dr. A. D. Bevan, Chairman of the Council on Medical Education, called the meeting to order and Dr. N. P. Colwell, its Secretary, made his annual report. He stated that the requirement of two years of college work for admission to medical colleges, adopted last June by the House of Delegates of the American Medical Association, as a requisite for the "Class A" rating seemed reasonable, as was evidenced by the fact that, at that time, 51 medical colleges and 16 licensing boards had already adopted that standard, while at the present time 65 medical schools and 19 licensing boards have adopted it. By direction of the House of Delegates the Council has prepared a list of approved colleges of arts and sciences in which the two years of college work can be obtained.

The Secretary reported that the number of medical students and medical graduates was about the same as last year, tho a large majority of the schools show an increase in the enrollment of students in the Freshman classes, indicating that the decrease in the number of medical students during the past 12 years has probably reacht its limit and that the future will show a gradual increase.

He reported that the Canadian discrimination against medical schools in the United States had been removed in the Province of Ontario. In the Province of Quebec, however, the practice act still requires that before a graduate of any medical school of the United States can secure registration in that Province he must pursue the last year of the medical course in one of the Schools of Medicine at Quebec.

He also called attention to the activity of the Council in endeavoring to secure better safeguards in the chartering of educational institutions in the various States by appropriate legislation.

He stated that the educational standard adopted at the present time in all leading nations, as the reasonable minimum for physicians, includes:

a. A secondary school course, equivalent to that of the high schools of this country and, in addition, the completion of one or two years in a college of liberal arts, including courses in chemistry, physiology and biology.

b. A thoro medical training provided by a four year's course in a well equipt medical college, including two years in the laboratories of anatomy, physiology, bacteriology, pathology, pharmacology and physiological chemistry, and two years in clinical instruction in dispensaries and hospitals.

c. The practical experience obtainable in a fifth year spent as an interne in a good hospital.

The subject of higher degrees in medicine was introduced by Dr. Horace D. Arnold, Dean of the Harvard Graduate Medical School. He stated that the idea of the Council was to adopt some means by which the best medical talent might be standardized, and by which our credit might be given to proficiency attained by advanced study and research, as well as for pre-eminent ability in the practice of the medical profession, that such a recognition of advanced scholarship and successful achievement is given in other fields of learning, and he could see no good reason why it should not obtain in medicine as well. Dr. Arnold had no positiv recommendations to make. Dr. V. C. Vaughan, of Ann Arbor, could see no advantage in multiplying degrees and that we had too many already. He suggested that the National Board of Medical Examiners, of which he is a member, had set a high standard and the passing of the examination ought to be equivalent to the highest medical degree obtainable in this country.

President Harry Pratt Judson, of Chicago University, was of the same opinion. He thot a man should be known by what

he has accomplisht rather than by the degrees he has obtained. He suggested, as a solution of the problem, that the degree of Ph.D. might be awarded to those achieving eminence in the medical profession, the same as in other departments of human learning and activity.

The Chair appointed the following special Committee to investigate and report on this subject: Dr. Horace D. Arnold, Boston, Chairman, Dr. N. P. Colwell, Chicago, Secretary, Dr. L. B. Wilson, Rochester, Minn., Dr. Isador Dyer, New Orleans, Dr. John M. Dodson, Chicago, Dr. William Pepper, Philadelphia, Dr. V. C. Vaughan, Ann Arbor, Mich., Dr. J. M. T. Finney, Baltimore, Dr. Edward Jackson, Denver, and Dr. James Ewing, New York.

The next subject on the program was a symposium on "Economy of Time in Preliminary and Medical Education." In opening the discussion, the Chairman, Dr. Bevan, stated that while in England and Germany the student goes directly from the secondary school to the medical department of the university, at an average of about 18 years, in this country, largely by reason on the increase requirements of preliminary education, the age is two or three years older. The result is that medical graduates, after their hospital interne year, in this country average about 28 years old, while in England and Germany the average age is 25 or 26. He thot it is not in the interest of national efficiency that our doctors should enter on the activ work of their profession two or three years later than our medical brethren abroad, and that, in some way, we should reorganize our whole scheme of preliminary and medical education so as to gain two or three years of the student's time. He could see no excuse for "the four-year college course, sandwiched in between the high school and the medical school, without definit aim or purpose," and that it "had been demonstrated that two years of special technical training in sciences, after leaving high school, is sufficient for admission to the medical school." He thot that even with two years thus saved that the time to complete the full course up to medical graduation was too great by at best two years, which "ought to be made up in the primary grades, high school

or elsewhere." This would bring the average age of the medical graduate, after completing the hospital interne year, to 24 years, and make it necessary for him to enter the medical school at 18 or 19 years of age. These iconoclastic views of the Chairman, throwing thus summarily into the scrap-heap all the traditions and beliefs of a thousand years as to the value and importance of the usual four-year college course, were apparently accepted by the eminent educators who continued the discussion, tho it is hardly credible that they endorsed them.

Hon. P. P. Claxton, United States Commissioner of Education, ascribed the advanced age of our medical graduates to several causes—many working their way thru college, and perhaps teaching a year or two before beginning the study of medicine, thus bringing up the average age of all. Also, the shortness of the school year. The usual school year in American cities is 175 days and the length of the average school day is five hours. In rural schools the school year averages 40 days shorter. In western Europe, Canada, etc., the school year is from 220 to 250 days and the hours longer. He thought "the principle of short hours for efficiency is no doubt correct in a measure, but we have carried it to an extreme, especially as it applies to the school year."—Wise words! Other causes which he mentioned were: irregular attendance. "Lack of definit education and professional preparation on the part of the teachers," those in rural schools, especially, being largely young and inexperienced. The short average term of service, probably less than five years, the constant changing of teachers, and finally, the lack of definit and comprehensiv organization of courses of study from first to last.

President Judson, of the University of Chicago, heartily agreed that one of the most obvious causes of the difficulty is "the utterly unrelated character of our American educational system," that every branch of study and every educational system, from kindergarten to university, is considered separate from everything else, and is a "law unto itself, since, unfortunately, there has been no correlativ force in this country to view education as a whole, or to bring it together in a systematic and coherent way."

Other speakers emphasized other causes, such as the lack of co-operation and intelligent sympathy on the part of the public in making the necessary changes in the scholastic curriculum; the tendency of young people to change their minds after having once settled on their profession; the waste of time in the long summer vacation. Mr. Augustus A. Downing, of Albany, "considers it a crime against the community to turn a child loose from the elementary and high school at the end of June and let him go anywhere and everywhere until the 1st of September."

The afternoon session was occupied with a discussion of "Practical, that is, clinical examinations by the licensing boards." The importance and value of such tests was admitted by all, but it seems that only 13 examining boards have attempted to use them, and some have already abandoned the attempt. The difficulties of the situation which were mentioned were: the large amount of time and expense involved in submitting a large number of applicants to clinical tests with sufficient thoroughness to be satisfactory; inadequate facilities for conducting laboratory and clinical tests for large numbers; lack of the proper personnel in the examining boards; and also, lack of sympathy on the part of the public in our restrictive measures for guarding the medical profession. Methods and experiences were discussed but no formal action was taken.

CHARLES S. SHELDON.

II.

The endeavor to crowd into two days the annual meetings of the Council on Medical Education, the Council on Health and Public Instruction of the American Medical Association, the Federation of State Medical Boards of the United States and the Association of American Medical Colleges proved unsatisfactory to many of those in attendance. On the first day of the conference there were no conflicts, and the morning session devoted to medical education and the afternoon session devoted to medical licensure were valuable and stimulating. But on the second day the conflicts were serious and the time for debate and transaction of important business seemed, in several instances, unduly restricted. Thus, the important annual business meetings of the Federation of State Medical Boards and of the Association of

American Medical Colleges conflicted squarely Tuesday morning with the Medical Association conference on Public Health Instruction in Medical Colleges. At this conference Dr. George E. Vincent, President-elect, Rockefeller Foundation, showed the need of universities taking up seriously the training of public health officers in co-operation with active public health services. In Dr. Vincent's opinion the curriculum for training public health officers should not be a mere by-product of the medical school curriculum. It should be under the charge of a special administrative board and with a director imbued with the ideals of preventive medicine. Dr. M. J. Rosenau, Professor of Preventive Medicine and Hygiene, Harvard Medical School, pointed out the need of providing special instruction in public health work for medical students as well as special schools for training public health officers. The need of special instruction in hygiene for medical students was further emphasized by Dr. Vaughan, Dean of the Medical School of the University of Michigan.

Tuesday afternoon there was a conflict between the Medical Association conference on the State Regulation of the Practice of Medicine and a session of the Association of American Medical Colleges scheduled for the discussion of a number of important committee reports. The opening of the latter meeting, however, was postponed from 2 to 3 o'clock in order to give all an opportunity to hear Governor Cox, of Ohio, discuss the State Regulation of the Practice of Medicine as an Executive Problem. In consequence several important committee reports had to be read by title. Dr. R. O. Beard, of the University of Minnesota, however, was given opportunity to present an interesting report on the methods used at Minnesota to select the eighty most fit from those who apply for admission to the medical school there. Their methods included physical, psychological and other tests of which the most difficult for the candidate appeared to be the "general information" test. The Association has adopted a two years' college education as a requirement for matriculation in the medical schools to take effect June 1, 1918. The specified requirements of the content of this two years' work have still to be definitely determined.

CHARLES R. BARDEEN.

The Literary Digest for April 14th contained a very interesting article on prison life in the Philippine Islands. Imprisonment for a Filipino is an assurance that he is going to be benefited by his period of service and that if he has never been a man he will be one when his time of incarceration is over. The Government, thru its Bureau of Prisons, has a uniform method of dealing with the various prisons on the Islands. The prisons take the form of colonies. When a man is to live at one of these colonies for at least a year it is necessary for him to learn a trade; the one for which he is best fitted and for which he has a liking is chosen. The prisoner, as a general rule, is so well satisfied with his mode of living—for in many cases it is on a higher plane than when he lived outside the prison—that he sends for his family and lives with them in his own little home, raising and educating his children there. In case he is an unmarried man he is permitted to marry and bring his bride to the colony and there establish their home. If he has determined to be an agriculturist he is given twelve and one-half acres to cultivate. In addition to his home and the land, the Government furnishes him with a work animal and the necessary farm implements and seeds and an instructor is assigned to teach him. He must, however, gradually reimburse the Government for furnishing him these things. The colonists have their own court, their own police and their own lighting and water systems. It is small wonder, then, that about 15 per cent. of the prisoners prefer to remain at the colony when they are discharged. Those who do leave, however, are transported back to their homes by the Government, which also buys back the portable possessions which the colonists have acquired during their term of service. The various kinds of work which the prisoners do is of such a high order that they have a better chance of earning a living after their period of incarceration than before and some employers make special efforts to get the discharged prisoners in their establishments. What a contrast to the life which awaits discharged prisoners in this country, which is so well described by Maud Ballington Booth in her "After Prison—What."

NOTES AND NOTICES.

Every social worker feels the need of identifying his particular task with the widest range of human interests. He is quite willing to do his job intensively and with all his might but at the same time he likes to see that it has some direct and important relation to the great currents of human thought and of human affairs. If he does not see such a relation, he may find his interest in his particular job submerged in his longing for a more direct connection with those larger things in which he has not the zest of seeing and feeling himself a participant.¹

This sentiment while used as a foundation for an argument in another direction, is so descriptiv of the place of the American Academy of Medicine in the scientific world that it is quoted to press home to our readers the unique position of the Academy. Every social worker can find, in bringing the results of his work to the attention of the Academy, the widest range of human interest.

* * *

In two weeks of last March, a prominent insurance company, with the co-operation of the health and philanthropic agencies in the cities of middle and western Pennsylvania, conducted a health census among its policyholders and among the general population. The health status of a little more than 328,000 was thus ascertained and one in every 56 was found to be sick.

According to the preliminary report of this work the average sickness rate was 18 per 1,000; the highest rate in any one class being 23 per 1,000 among the anthracite coal mining employes. The Districts of Pittsburgh, Braddock and Pottsville showed the lowest sickness rate for the survey, 16 per 1,000.

This health census has made it possible to discover the sickness rates of the more important industrial groups. Among employes in the iron and steel mills the sickness rate was 20 per 1,000 and among glass factory workers it was 19 per 1,000. These figures are but slightly higher than the sickness rates for the general group of the population enumerated and do not indicate any distinctly unfavorable health conditions. White persons showed a lower sickness rate, 16 per 1,000, than did colored persons, 18 per 1,000.

¹ *Mental Hygiene* for April, 1917, p. 157.

Taking the group of cities of Pennsylvania as a whole, the chief causes of disability registered in the survey were accidents and injuries, which accounted for 11 per cent. of the total; rheumatism was next in importance with 8 per cent. of the total and influenza with 7 per cent. of the total cases of sickness registered. Pneumonia was registered in 6 per cent. and tuberculosis in 3 per cent. of the cases. Diseases of the stomach, asthma, diseases of the heart, "colds," and bronchitis each accounted also for about 3 per cent. of the cases of sickness.

On the basis of the sickness rate shown, about seven days per inhabitant of working age are lost each year on account of sickness.

* * *

Our civilization grows as the years go by and problem after problem is taken up and settled; the more rapidly these problems are taken up and settled, the more rapid is the progress of the human race in civilization.

For many years the problem of complete birth registration has been before many of our states, and all know how illy our country compares in this matter with other civilized countries. We have been realizing more and more that birth records are needed to prove men of voting age, to establish rights of inheritance, to determine how efficiently the states are protecting the health of the children, and to determine who is entitled to the protection of OUR FLAG.

The events of the past few months have made the country realize the vital interest of this question, for identification papers and passports as well as registration papers make accurate birth records particularly desirable these days.

Hence the Bureau of Census of the United States Department of Commerce has taken this opportune time to agitate the question of better birth registration in every part of our land.

* * *

The Minnesota State Board of Health has made an interesting investigation of 77 drinking fountains at the University of Minnesota, representing 15 different types. They were all found to

be improperly constructed and 80 per cent found infected with streptococci, the water in 11 per cent. of these fountains being found to be infected after entering the apparatus.

As a result a drinking fountain has been designed which is economic in construction and safe from a sanitary point of view. In this approved type a stream of water rises from a tube bent slightly from the perpendicular, this tube being protected by a funnel-shaped wire cage, and the mouth taking the water from the highest part of the parabolic curve which the stream describes before it falls back into the basin.

* * *

The National Committee for Mental Hygiene has created a subcommittee on furnishing hospital units for nervous and mental disorders to the United States Government, the project having been approved by Surgeon General W. C. Gorgas of the U. S. Army.

This subcommittee, of which Dr. Pearce Bailey, of New York, is chairman, is authorized to secure the services of alienists and neurologists to be commissioned in the Officers' Reserve Corps, Medical Section, and to serve in the neuro-psychiatric units which are to be attached to the base and other hospitals of the military services of the United States. Further information will be given, and application forms sent to physicians qualified in this branch of medicine, on application by letter or in person to the National Committee for Mental Hygiene, 50 Union Square, New York City.

* * *

This summer, from the first Sunday in April to the first Sunday in October, France has advanced the legal time one hour. Our Ex-Ambassador to Germany is authority for the statement "that savings of artificial lighting are often estimated from 10 to 20 per cent., and even as high as 33 per cent. of consumption; that the gains in daylight in cities and industrial centers afford outdoor advantages for gardening, sport and exercise; but that the earlier schedule of railway trains entails too early work in the fields and stables for the convenience of farming people."

The largest almshouse in the United States is on Blackwell's Island, New York. It will be recalled that this almshouse was severely arraigned by Charles Dickens in his "American Notes." The Department of Public Charities of New York is making an effort to have it live up to its name of City Home rather than almshouse.

* * *

The largest public institution for the feeble-minded in the United States is located on Randall's Island.

* * *

Any hard-of-hearing person can secure literature that may prove helpful by addressing the Volta Bureau, 1601 35th St., N. W., Washington, D. C. The Bureau does not give medical advice, has no medicines or instruments for sale and does no teaching.

* * *

Disbursing moneys from the John D. Rockefeller Fund, the General Education Board has announced annual appropriations amounting to \$878,004. From this source also \$2,000,000 has been given to the University of Chicago, that institute having raised \$3,461,500 for its medical school.

* * *

For the past few months the National Government has been issuing an "Official Bulletin." This is published every week day except national holidays by the Committee on Public Information, George Creel, Chairman. The office is at No. 10 Jackson Place, Washington, D. C., and the subscription rate is \$5.00 per year. This paper is full of reliable information and is furnished free to newspapers, post offices, government officials, etc.

* * *

We learn from the annual report of the Directors of the American Telephone and Telegraph Company for 1916 that:

The Employees' Benefit Funds aggregated at the end of the year \$9,151,000 and in the last four years the expenditures from these funds have amounted to \$5,611,016. Pensions are paid to 284 former employees. Benefits were

paid last year in 18,760 cases. There were 10,646 accident cases, of which comparatively few were serious, and the payments on these were \$557,979. Death benefits of \$157,077 were paid to the dependent relatives of 182 employees.

* * *

The National Housing Association will hold its next conference in Chicago, October 15, 16 and 17, 1917.

ACADEMY PERSONALS.

ASHHURST, DR. A. P. C., is Director of Base Hospital No. 34 from the Episcopal Hospital at Philadelphia.

BABER, DR. E. ARMITAGE, and Mrs. Irene Angela Miersch were married June 8.

BLACK, DR. CARL E., has been elected President of the Alumni Association of the Northwestern University Medical School.

BYFORD, DR. HENRY T., has been elected a Vice-President of the American Gynecological Society.

CRAIG, DR. ALEXANDER R., has been re-elected Secretary of the American Medical Association.

CRILE, DRS. GEORGE W., W. E. BRUNNER and RICHARD DEXTER, sailed for Europe May 8, with the Lakeside Base Hospital No. 4, of Cleveland.

DAVIS, DR. JOHN STAIGE, has been elected Secretary of the Medical and Chirurgical Faculty of Maryland.

FRIEDENWALD, DR. JULIUS, has been elected a Vice-President of the Medical and Chirurgical Faculty of Maryland.

GIBBONS, DR. MORTON R., was elected a Vice-President of the California State Medical Society at its meeting in April last.

GOODWIN, DR. E. J., of St. Louis, Mo. was re-elected Secretary of the Missouri State Medical Association at its sixtieth annual session recently held in Springfield.

GILE, DR. J. M., was elected a Trustee of the New Hampshire Medical Society at its 126th Annual Meeting on May 16.

GREEN, DR. E. M., has received the degree of Sc.D. from Gettysburg College.

HORSLEY, DR. J. SHELTON, of Richmond, Va. at the recent New York meeting of the American Medical Association was awarded a certificate of merit for a scientific exhibit of illustrations of original surgical procedure. Dr. Horsley is one of the physicians composing the Virginia State Committee of National Defense.

LEWIS, DR. THOMAS HENRY, and Mrs. Charles Mair were married June 10.

LOCKWOOD, DR. CHARLES D., has been called into service as Captain of the Red Cross Ambulance of Pasadena, Cal.

MCCORD, DR. CLINTON P., is President of the Medical Inspectors and Physical Educators Association of the state of New York.

MATTISON, DR. FITCH C. E., a life member of the Academy, is a member of the Medical Officers Reserve Corps.

MILLER, DR. E. C. L., has been re-elected Professor of Bacteriology and Physiologic Chemistry at the Medical College of Virginia.

MONTGOMERY, DR. E. E., author of "Care of Gynecologic and Surgical Patients," has retired from the Professorship of Gynecology at Jefferson Medical College after a service of 25 years.

MUDD, DR. H. G., of St. Louis, Mo. has applied for a commission in the United States Army as a member of the Medical Officers Reserve Corps.

POLLOCK, DR. HENRY M., formerly Superintendent of the Norwich (Conn.) State Hospital for the Insane, has accepted the superintendency of the Massachusetts Homeopathic Hospital at Boston.

SHURLY, DR. BURT R., is Director of Base Hospital No. 36 from the College of Medicine of Detroit.

SPEED, DR. KELLOGG, who has recently returned from the western war front in France, has been elected Secretary-Treasurer of the Chicago Surgical Society.

VANDER VEER, DR. J. N., has been called to the colors.

VAUX, DR. CAREY J., is in the Medical Officers Training Club at Fort Oglethorpe, Ga.

WILBUR, DR. RAY LYMAN, an ex-president of the Academy and President of the Leland Stanford, Jr., University, spent several weeks in May and June in Washington, D. C., helping Herbert Hoover.

WILLIAMS, DR. CHARLES MALLORY, the Assistant Secretary of the Academy, was ordered to Fort Benjamin Harrison, Indiana, in July.

WILLIAMS, DR. TOM A., who was nominated 2nd Vice-President of the Academy at the New York meeting, sailed in June for Europe where he will be a neurologist in the French service; he expects to return to this country in October, 1918. His communications and other work will be taken care of by Dr. E. G. Mitchell, 15 7th St., N. E., Washington, D. C.

WOODWARD, DR. SAMUEL B., was elected President of the Massachusetts State Medical Society at its 136th Annual Meeting held in Boston on June 12 and 13.

WORK, DR. HUBERT, has been elected Chairman of the House of Delegates of the American Medical Association.

LITERATURE NOTES.

TRANSACTIONS OF THE SEVENTH ANNUAL MEETING OF THE AMERICAN ASSOCIATION FOR STUDY AND PREVENTION OF INFANT MORTALITY, held at Milwaukee, October 19-21, 1916. Price, \$3 and postage. Baltimore: 1211 Cathedral St., Miss Gertrude B. Knipp, Executiv Secretary.

It is gratifying to learn from this volume of the continued and increasing prosperity of this Association.

The address of the President, Dr. S. McC. Hamill, of Philadelphia, is devoted to a consideration of increasing the usefulness of the Association and more particularly in two directions. The first is working thru the affiliated societies scattered thruout the country, perfecting their organization and increasing their ability to serv. To this end he discusses quite fully the kind of an organization needed, the necessity of enlisting volunteer workers as well as salaried officials and the proper financing of the same. The second direction for impruvment lies in increasing the publicity of the results of the discussion at the annual meetings. To this end he suggests that the contributions presented at the annual meeting "be carefully reviewed and summarized after the meeting, with a view to extracting from them the practical points which they contain, and formulating them in such a way as to make them of actual working value to private agencies, public health departments and individuals thruout the length and breadth of the land." He also suggests a bureau of help to be establisht in connection with the office of the Association. The address treats the subject under review practically and conveys thoughts that might be heeded by other associations and is well worth reading.

The remainder of the report is taken up with publishing the papers presented and the discussions thereupon, continuing the very valuable series of papers of the previous volumes. Space forbids the attempt to review each one carefully and it would be invidious to make a haphazard selection. The volume should be possest by everyone in any way interested in the subject.

C. M.

PROCEEDINGS OF THE ANNUAL CONGRESS OF THE AMERICAN PRISON ASSOCIATION, Buffalo, New York, October 7 to 12, 1916.

The sociologic study of the unsocial classes of society is daily becoming of greater importance and out of it will grow a new criminology which will consider the character of the criminal rather than the nature of the crime. A very sharp shadow of this coming event is cast by the volume under review. The American Prison Association, with its various auxiliary societies, gathers in annual conferences those whose life work and study

concern the delinquents. The transactions of their conferences afford a richness of material and variety of subject which should be available for reference to everyone interested in the social questions of the day, whether he be professional or merest tyro.

C. M.

SOCIAL DIAGNOSIS, by MARY E. RICHMOND, Director Charity Organization Department, Russell Sage Foundation and author of "The Good Neighbor," etc. Pages 511. Cloth. Price, \$2.00 net. New York: Russell Sage Foundation, 1917.

"Social Diagnosis" seems at first a rather indefinit expression, but a running over of the chapter headings will quickly show one that it means a consideration of the various sources of information from which, and the process by which, proper conclusions are reached in solving the problems coming up before our juvenile courts, charity organizations, etc.

The author says that medical-social service owes its origin to Dr. Richard C. Cabot who, in 1905, organized the first social service department in the out-patient department of the Massachusetts General Hospital, and she refers to Dr. Cabot and his writings quite frequently. In speaking of "where medical evidence sometimes fails," she is a little bit too hard upon the non-social attitude of some physicians, on their conflicting diagnoses and prognoses and faulty medical records, but the complementary nature of the medical and social data and the social responsibility for early medical diagnosis are well brot out.

This volume is written by a trained social worker who has access to all the data of one of the largest charity organizations in the world. Hence it is a publication of great value to social workers, judges, teachers, physicians and employers. It represents also the experience gained in many years of social work and is written in a readable style and has an authorativ tone.

T. W. G.

SEX-HYGIENE. A Talk to College Boys. By FREDERIC HENRY GERRISH, M.D., LL.D., Professor Emeritus of Surgery in Bowdoin College. Cloth, 51 pp. Price, \$0.60, net. Boston: The Gorham Press.

This book is the outcome of a fund given to Bowdoin College, the income of which is to be devoted to the instruction of students

in the proper relations of the sexes, and has been developed from the lecture given to the Freshman class of each succeeding year. Its fame has grown and it has been given also in a number of other institutions. So that its publishing in book form is the result of an express demand. Those who are acquainted with Dr. Gerrish will know the book to be of value as is everything that comes from his pen. Those who are not so fortunate may rest assured that it is what it claims to be: "a sensible talk for boys and young men." C. M.

DEPARTMENT OF COMMERCE, BUREAU OF THE CENSUS, SAM'L L. ROGERS, Director, *THE BLIND IN THE UNITED STATES, 1910.* Washington: Government Printing Office.

This report presents the results of the ninth decennial enumeration of the blind population of the United States, made in connection with the Thirteenth Decennial Census of population. It consists of four parts, the first giving the main facts in regard to the total blind population enumerated (57,272), the second comprising a more intensive study for the 29,242 blind persons who returned a special schedule of inquiry which was sent out to every individual reported as blind by the population enumerators, the third presenting in the form of general tables the primary figures which furnish the principle basis for the textual discussion and analytical tables in the two preceding parts, and the fourth containing a summary of the laws of the various states relating to the blind and the prevention of blindness.

This quotation from the introduction to this report indicates its purpose and extent and shows the value of the work in a study of the social condition of the blind. C. M.

CATARACT, Senile, Traumatic and Congenital. By S. A. FISHER, M.D., Professor of Ophthalmology, Chicago Eye, Ear, Nose and Throat College. Illustrated. Cloth. pp. 119. Price, \$1.50 post-paid. Published by the Chicago Eye, Ear, Nose and Throat College, Chicago, 1917.

This monograph of 119 pages deals, of course, with opacity of the crystalline lens. Under "Senile Cataract" there are sections on the various methods of extraction; the Wright operation; the status of the intracapsular method of extraction; the author's modification of the Smith-Indian operation for senile cataract (lid hooks, pictured on page 35); the late complications of cataract operations; a new method of acquiring proficiency in cataract operations (practise on kittens' eyes); the intracapsular

cataract operation in immature cataract, and the intracapsular and capsulotomy operations for senile cataract. A brief chapter on traumatic cataract in the adult comprises a consideration of the factors determining the character of the treatment. There is a final chapter on congenital cataract, recommending the removal of the lens rather than the iridectomy.

The book is written especially for ophthalmic surgeons. The author's method of operation is fully described and illustrated with cuts. The style is simple and direct and in some places quite didactic.

T. W. G.

REST, SUGGESTION and Other Therapeutic Measures in Nervous and Mental Diseases. By FRANCIS X. DERCUM, A.M., M.D., Ph.D., Professor of Nervous and Mental Diseases in the Jefferson Medical College, Philadelphia, etc., etc. Pages 395. second edition, cloth. Price, \$3.50 net. Philadelphia: P. Blakiston's Son & Company.

This book originally appeared as Volume VIII in Dr. S. Solis-Cohen's Physiologic Therapeutics, but now appears largely rewritten and revised as a separate publication. The simple physiologic methods of treatment like rest, feeding and psychotherapy are emphasized, although medicines are duly considered. The author has something to say of hypnotism, catharsis, psychoanalysis, mesmerism, mind cure, faith cure, Christian Science, etc., etc. No apology is needed like that which appears on page 245, for the interesting treatise which follows on these subjects; they occupy too large a place in the treatment of nervous and mental diseases for that. Physicians may lose patience and express their disgust at these things as freely as in the past, but a thorough knowledge and discussion is necessary and will be needed for many years to come if the doctors do not wish to appear in the role of the ostrich which buries its head in the sand.

T. W. G.

A COMPEND OF HUMAN PHYSIOLOGY. By ALBERT P. BRUBAKER, A.M., M.D., Lecturer and Author. Fourteenth Edition with 26 illustrations. Pages 262. Cloth. Price, \$1.25 net. Philadelphia: P. Blakiston's Son & Company.

What new can be said about a well-known publication like a Blakiston's Quiz-Compend, particularly when it has reached the

fourteenth edition? These books get better and better, and like some other humble things in this world fill a larger place than they get credit for. There is certainly no objection to the medical student having a full line of these publications if he understands that they are the frame-work upon which his knowledge of a subject is built.

T. W. G.

THE BASIS OF DURABLE PEACE. Written at the invitation of the New York Times. By COSMOS. Cloth, pp. 144. New York: Charles Scribner's Sons.

The genesis of this excellent discussion can best be realized by a quotation from the introduction:

Recent utterances of the German Chancellor and the British Prime Minister have inclined the discerning public to the belief that the chief men of the warring nations in Europe would now give more hospitable consideration than they have shown in the past to the proposals embodying the broad general principles upon which peace must be concluded. Sharing that belief, *The New York Times* invited, from a source the competence and authority of which would be recognized in both hemispheres, a series of contributions in which the terms of peace should be discussed.

Assuming the final victory of the Allies the author discusses the points at issue, with the conditions to be realized to obtain peace upon a permanent basis, and indicates the machinery necessary to produce this result. In a style charming for its simplicity, the author presents facts and arguments so fully, so clearly, as to show that he has the whole subject at his fingers' ends. History is making so rapidly that altho the papers were publisht originally in November and December of last year, there is no intimation of the revolution in Russia and the active participation of the United States in the War.

The whole argument is epitomized in the closing paragraph, which we quote:

In conclusion, then, a durable peace depends upon the victory of the Allies in the present war and upon the establishment in public policy of the principles for which they are contending. It depends upon a withholding of all acts of vengeance and reprisal, and the just and statesmanlike application to each specific problem that arises for settlement of the principles for which the war is being fought. It depends upon the establishment of an international order and of those international institutions that have been here

sketched in outline. It depends upon a spirit of devotion to that order and to those institutions, as well as upon a fixed purpose to uphold and defend them. It depends upon domestic policies of justice and helpfulness, and the curbing of arrogance, greed, and privilege, so far as it is within the power of government to do so. It depends upon the exaltation of the idea of justice, not only as between men within a nation, but as between nations themselves; for durable peace is a by-product of justice. When these things are accomplished there will be every prospect of a durable peace because the essential prerequisite will have been provided—the Will to Peace.

C. M.

ILLINOIS BIOLOGICAL MONOGRAPHS: Vol. III, No. 1, Studies on the Factors Controlling the Rate of Regeneration. By Charles Zeleny. Price, \$1.25. Vol. III, No. 2, The Head-Capsule and Mouth-Parts of Diptera. By ALVAH PETERSON. Price, \$2.00.

Vol. III, No. 3, Studies on North American Polystomidae, Aspidogastridae, and Paramphistomidae. By HORACE WESLEY STUNKARD. Price, \$1.25.

These excellent monographs are fitting continuations of the previous volumes in this admirable series. They are of scientific interest and value and Illinois is to be congratulated that its University is doing such excellent work.

C. M.

Dr. Casey A. Wood, one of the Fellows of the Academy, has written a most interesting monograph on "The Fundus Oculi of Birds," especially as viewed by the ophthalmoscope. It is a study in comparative anatomy and physiology and is illustrated with 145 drawings in the text: also by 61 colored paintings prepared for this work by Arthur W. Head, F. Z. S., London. It is a full treatise on the subject and would make especially interesting reading for ophthalmologists and comparative anatomists. It is published by the Lakeside Press, Chicago.

"Behind the Scenes in a Restaurant" is the name of a pamphlet distributed by the Consumers' League of New York City. It is a study of 1017 women restaurant employes and is well worth reading. It takes up such subjects as nationality, family and home of the worker; hours and wages, and proposed legislation. It is written that with wider knowledge of facts, public interest may be reawakened and stimulated to demand adequate legal protection for women employed in restaurants.

TWELFTH BIENNIAL REPORT OF THE BOARD OF TRUSTEES OF THE PRESTON SCHOOL OF INDUSTRY, IONE, CAL. July 1, 1914 to June 30, 1916.

Preston School is the reform school of the State of California and this report indicates the method in which the authorities are endeavoring to fulfill the meaning of the word, a true effort in reforming the characters of the inmates. Following the modern idea of criminology, the effort is to treat the individual rather than to punish for the crime. To this end at the entrance four separate investigations are made: First, a careful physical examination; then a psychiatric investigation; a study of the previous history of the individual in an endeavor to ascertain the various forces at work shaping his previous life, that is, his environment; and fourth, a study of his forebears in order to ascertain what effect heredity has upon his present condition. To these studies, made with more or less thoroughness as circumstances permit, an intensive study of the individual is made during the probationary residence at the school, which results in the proper assignment of the boy to the group best fitted for his conditions, and thus enabling individual care to be given more effectively than if the grouping were done at haphazard. There are 13 such divisions in the School. Several of these are kept under the direct supervision of the School authorities but the discipline of as many as possible is carried on somewhat after the plan of the "Junior Republics."

Apart from the direct benefit to the inmates and to the State, the practice of the School is in reality that of a laboratory working out results of value in the study of criminology. C. M.

POVERTY AND ITS VICIOUS CIRCLES. By JAMIESON B. HURRY, M.A., M.D., Author of "Vicious Circles in Disease." Illustrated, pages 180, cloth. Price, \$2.00 net, 1917. London: J. & A. Churchill; Philadelphia: P. Blakiston's Son & Company.

The author considers the various ways in which poverty, oppressing its victim, creates for him new conditions and aggravates old ones which render escape more and more difficult. After describing a number of these vicious circles which are inherent in the nature of poverty, such as those associated with inadequate housing, nutrition and clothing, with improvidence

and indolence, with inebriety and crime, the author describes artificial circles due to unwise legislation and to ill-considered attempts at relief, especially indiscriminate alms-giving. It is interesting to note here that now, when England is suffering grievously from the decline of her agriculture, and is seriously considering measures to assure the farmer a fair price for his products, Dr. Henry repeatedly praises the repeal of the Corn Laws as one of the most beneficent acts of Parliament. Thruout the book, in fact, the analysis of the causes of poverty is very illuminating, while the discussion of remedial measures is rather inadequate. Great and proper emphasis is laid upon inefficiency and ill-health as most important causes of poverty, producing it and being produced by it in turn, but one misses any discussion of the enormous amount of poverty due to that proportion of inefficiency and ill-health which are congenital inherited traits, and incurable by any means. C. M. W.

THE MASTER PROBLEM. By JAMES MARCHANT, Director of the National Council of Public Morals for Race Regeneration (England) with foreword by the Right Rev. The Lord Bishop of Birmingham, Pres. of the same organization. Pages 371, cloth. Price, \$2.00 net, 1917. New York: Moffat, Yard & Company.

This book describes in considerable detail the present status of prostitution in America, Europe and Asia, with particular regard to the White Slave trade. It gives little exact information, however, as to the proportion of prostitutes who can be considered slaves at all. It contains also a very cursory description of the systems of segregation and regulation adopted from time to time in various countries, condemning them all utterly, chiefly because they are unethical, but also because they are failures. That they are at best only partially successful must be admitted by all, as the greater part of prostitution is clandestine, and many of the women undoubtedly develop contagious lesions between medical visits, but that medical supervision, under certain conditions, may not prevent a certain amount of gonorrhoea and syphilis, is not proved by any statistics or arguments here presented. The author then describes the

legal status of prostitution in Europe and America, and finally the various measures that have been initiated to combat the evil, which is undoubtedly one of the great scourges of the time. The book is written by an enthusiast and a partisan, who is interested chiefly in the moral aspect of the question, very little in the medical. This bias appears throughout. It is an undoubted fact, for instance, that most prostitutes enter the business young, and the author ascribes this, apparently, to the lack of discretion and of knowledge incident to their age, forgetting or ignoring the fact that an older woman is not so "desirable," and that the feeble minded and the morons, who furnish more than half of the class are of degenerate stock, develop early, and never acquire any moral sense at all, no matter how long they live. Of the evils of prostitution in this country there can be no question, and they are here very well set forth, but when describing conditions in the East we should make some allowance for the custom of the country. In lands where every woman is, for some part of her life, a prostitute, or where she is not considered fit for marriage until she has been deflowered, the standard of judgment must be somewhat altered, for these women are in every real sense virtuous. The problem is admittedly a baffling one, and our efforts at control are as yet but pitiful struggles against a monster. They fall now into three groups: education of the young in sexual, and of every body in medical matters; organized measures for the protection and relief of homeless girls; and legislative control of some of the auxiliaries of vice, such as the saloon, the dance hall, the cheap theater. But the most important means of fighting the evil are hardly touched. First, and perhaps it is a Utopian dream, is the moral education of boys and girls, men and women, to such a point that they will always resist sexual temptation, and second, scarcely less difficult to attain but most important in its effects, a general improvement in social conditions, so that the young of both sexes may find companionship without exposure to vice, and may marry early, when passion is strongest, without reducing the woman to the desperate position of a household drudge.

C. M. W.

HEALTH SURVEY OF NEW HAVEN. A Report Presented to the Civic Federation of New Haven by DR. C.-E. A. WINSLOW, DR. J. C. GREENWAY AND MR. D. GREENBURG of Yale University. Boards. Price, \$0.75. New Haven, Conn., Yale University Press, 1917.

This report was prepared at the request of the Civic Federation and has since been published in pamphlet form as a document of that organization. Its preparation and publishing were made possible by the Anna M. R. Lauder memorial fund in the School of Medicine, Yale University. In the 114 pages there is a letter of transmittal from Dr. C.-E. A. Winslow to Dr. Charles J. Bartlett, President of the Civic Federation of New Haven, making a preface to the report. An introductory section tells of the city, its population, topography and climate; then the report proper is in three sections: the sanitary condition of the city, its health organization and its vital statistics. It is illustrated with thirty maps, pictures of good and bad buildings and yards, record blanks employed in the city's work, and charts illustrating health conditions, etc. The report gives in a simple, direct style a description of these phases of the average American city, and will be interesting especially to physicians, nurses, sanitarians, etc., who are employed in this sort of work.

T. W. G.

ACKNOWLEDGMENTS.

[It is intended to acknowledge all publications received since the issuing of the last number that are not otherwise noticed. The present list records the publications received (other than periodicals in exchange) from April 17 to July 9, 1917, inclusiv.]

This acknowledgment is considered a full return for the courtesy of sending us the publication. Additional notice will be given when space permits. Publications treating of medico-social questions will be given precedence in the fuller notice.

United States Bureau of Labor Statistics: Bulletin No. 203, Workmen's Compensation Laws of the United States and Foreign Countries. Bulletin No. 205, Anthrax as an Occupational Disease. Bulletin No. 207, Causes of Death by Occupation. Bulletin No. 219, Industrial Poisons Used or Produced in the Manufacture of Explosives. Bulletin No. 221, Hours, Fatigue, and Health in British Munition Factories. Bulletin No. 222, Welfare Work in British Munition Factories. Bulletin No. 228, Employment of Women and Juveniles in Great Britain During the War. Monthly Review, Vol. IV, Nos. 4, 5, 6.

United States Bureau of Mines: Bulletin No. 119, Analyses of Coals Purchased by the Government During the Fiscal Years 1908-1915.

Technical Paper No. 106, Asphyxiation from Blast-furnace Gas. Technical Paper No. 164, Accidents at Metallurgical Works in the United States During the Calendar Year 1915. Technical Paper No. 165, Quarry Accidents in the United States During the Calendar Year 1915. Technical Paper No. 168, Metal-mine Accidents in the United States During the Calendar Year 1915.

U. S. Bureau of the Census: The Blind in the United States, 1910.

The Charities Bulletin of the Department of Public Charities of the City of New York, I, 1, Mr. '17.

Maternal Mortality from all Conditions Connected with Childbirth in the United States and Certain Other Countries. By Grace L. Meigs, M.D., Division of Hygiene, Children's Bureau, Washington, D. C.

Mental Status of Rural School Children. By E. H. Mullan, Passed Assistant Surgeon, U. S. P. H. S.

Some Fundamental Considerations in Health Insurance. By Lee K. Frankel, New York City.

Proceedings of the Annual Congress of the American Prison Association, 1916.

Department of Health, City of New York: Special investigation of poliomyelitis, 1916.

A Plea and Plan for the "Eradication of Malaria Thruout the Western Hemisphere." By Frederick L. Hoffman, LL.D., Statistician of the Prudential Insurance Company of America.

A Scale for Grading Neighborhood Conditions. By J. Harold Williams, Ph.D., Whittier State School, Whittier, Cal., Department of Research, Bull. No. 5, May, '17.

Twelfth Biennial Report of the Preston School of Industry, Ione, Calif.

The Volta Review: The Speech Readers' Guild in Boston. Deafness of Soldiers. The Menace in Suppurating Ears. What's in a Name?

News Letter of the National Committee for the Prevention of Blindness, June, 1917.

Forty-third Annual Report of the Executive Committee of Saint Luke's Hospital, South Bethlehem, Pa., 1917.

American Journal of School Hygiene, Vol. I, 5, May, 1917.

Problems with the Insane. By L. Vernon Briggs, M.D., Boston. (Reprint.)

First Annual Report of the China Medical Board of the Rockefeller Foundation, December 11, 1914-December 31, 1915.

The Crusader of the Wisconsin Anti-tuberculosis Association, September, 1916.

Public Health Nursing, ii, 2, May, 3, Je., '17.

John Crearar Library: List of Books on the History of Science; Twenty-second Annual Report, 1916.

United States Mortality Statistics for 1915, Sixteenth Annual Report.

Minutes of the Tenth Conference of the National Conference Committee

on Standards of Colleges and Secondary Schools, held at New York, March 24, 1917.

Illinois Biological Monographs, III, 3, Jan., '17: Studies on North American Polystomidae, Aspidogastriidae, and Paramphistomidae. By Horace Wesley Stunkard.

American Philosophical Society, Vol. LVI, 1 and 2, 1917.

Southwestern Medicine, Vol. I, No. 6, June, '17.

The Alcoholic Problem Considered in its Institutional, Medical and Sociological Aspects. By Charles B. Towns, New York City.

1916 Year Book of the United States Brewers' Association.

INSTITUTIONS OF LEARNING.

California: Leland Stanford Junior University, School of Medicine, Annual Announcement, 1917-18. University of California, Los Angeles Medical Department, Announcement for 1916-17; College of Dentistry, Announcement for 1917-18; Bull., 3d. s, x, 10, Ap. '17. *Colorado*: Colorado College Publication, March-April, 1917; University of Colorado, Cat. 1916-17. *Connecticut*: Wesleyan University, Bull. ii, 1, May, '17. Yale University, School of Medicine, Cat., 1917-18. *Illinois*: University of Chicago, Circular of Information, xvii, 5, May, '17. Wheaton College, Cat., 1917. *Iowa*: Coe College, Courier, Vol. xvii, 11, Je. '17. Parsons College, Bull, xvii, 1, Je. 20, '17. University of Iowa Monographs, University Bibliography, 1913-1916. *Louisiana*: Louisiana State University, Cat. 1917. *Maryland*: St. John's College, Cat. 1917. *Massachusetts*: Harvard University, Reports of the President and the Treasurer, 1915-16; Graduate School of Medicine, Quar. Announcement, II, 3, Ap. '17; Cat. 1916-'17. *Michigan*: Hillsdale College, 12, 1, Ap. '17. *Minnesota*: Carleton College, Cat. 1917. *Nebraska*: University of Nebraska, Agricultural Experiment Station, Circular No. 2; No. 3; No. 158. *New York*: Columbia University, Bulls. of Information, Nos. 2, 4, 7, 9, 11, 16 and 17. Syracuse University, Bull xvii, 18, Ap. '17. Vassar College, Cat. 1916-17. *North Dakota*: Fargo College, Cat. 1917-18. *Ohio*: Eclectic Medical College, Bull. viii, i, Je., '17. Hiram College, Cat. 1916-17. Western Reserve University, Cat. of School of Medicine, 1916-17. *Oregon*: McMinnville College, The Review, xxii, 16, Je., '17. *Pennsylvania*: Bryn Mawr College, Calendar, 1917. *Rhode Island*: Brown University, Bull xiv, 1, Ap.; 2, May, '17. *South Carolina*: College of Charleston, Cat. 1916-17. *Virginia*: University of Virginia, Alumni Bull., 3d s., x, 2, Ap. '17. *Wisconsin*: Concordia College, Cat. 1916-17. University of Wisconsin, Extension Division Bull., Nov., '16, Nursing as a Vocation for Women.

REPRINTS.

Acknowledgment is made of the receipt of reprints upon topics of medicine other than medical sociology from Doctors Henry G. Bugbee, New York (2); D. E. Compere, Dallas, Texas; Charles B. Towns, New York; Alfred C. Wood, Philadelphia.

THE MCINTIRE PRIZE.

The subject of this prize for 1918 is "The Principles Governing the Physician's Compensation in the Various Forms of Social Insurance."

The subject for 1921 is "What Effect Has Child Labor on the Growth of the Body?"

The conditions of the contests are:

(1) The essays are to be typewritten and in English, and the contests are to be open to everyone.

(2) Essays must contain not less than 5,000 or more than 20,000 words, exclusive of tables. They must be original and not previously published.

(3) Essays must not be signed with the true name of the writer, but are to be identified by a nom de plume or distinctive device. All essays are to reach the Secretary of the Academy on or before January 1st of the years for which the prizes are offered and are to be accompanied by a sealed envelope marked on the outside with the fictitious name or device assumed by the writer and to contain his true name inside.

(4) Each competitor must furnish four copies of his competitive essay.

(5) The envelope containing the name of the author of the winning essay will be opened by Dr. McIntire, or in his absence by the presiding officer, at the annual meeting and the name of the successful contestant announced by him.

(6) The prize in 1918 for the best essay submitted according to these conditions will be \$100.00; that of 1921 will be \$250.00.

(7) In case there are several essays of especial merit, after awarding the prize to the best, special mention of the others will be made and both the prize essay and those receiving special mention are to become at once the property of the Academy; probably to be published in the *Journal of Sociologic Medicine*. Essays not receiving a prize or special mention will be returned to the authors on application.

(8) The American Academy of Medicine reserves the right to decline to give the prize if none of the essays are of sufficient value.

Further information concerning the contests may be secured from the Secretary of the Academy, Dr. Thomas Wray Grayson, 1101 Westinghouse Bldg., Pittsburg, Pa.

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